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The Way With the Nerves

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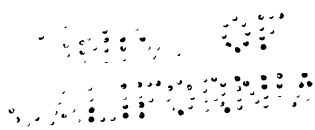
THE WAY WITH THE NERVES

LETTERS TO A NEUROLOGIST ON VARIOUS MODERN NERVOUS AILMENTS, REAL AND FANCIED, WITH REPLIES THERETO TELLING OF THEIR NATURE AND TREATMENT

BY

JOSEPH COLLINS

PHYSICIAN TO THE NEUROLOGICAL INSTITUTE OF NEW YORK



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PREFACE

THE letters which go to make up this book were published in the *Medical Record* with the hope that they would prove of interest to the medical profession. They were favourably received, and the suggestion was subsequently made that with a certain amount of deletion and pruning they might prove instructive to the general public.

The ordinary individual takes an intense interest in all that concerns his health. He is eager to read easily assimilated medical literature, and pleased to discover there symptoms resembling or diverging from his own.

In these days when nervous diseases thrust themselves into every grade of life, the laity should have some acquaintance with the obscure points of these diseases. Men and women of all sorts suffer from complaints of a nervous nature more or less serious in character, and apparently the affections are on the increase. Moreover, during the past ten years or so, knowledge of their cause, course, and development has rapidly advanced, and, in consequence, the interpretation

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and the treatment of them have undergone considerable change.

Since the time when Samuel Warren wrote his *Diary of a Late Physician,* no book from the pen of a medical man, dealing solely with medical matters, has been published for general readers. Warren's book was carefully put together, written in terse, vigorous English, and was a great favourite with the public of his day.

Most works of fiction into which medical subjects are introduced are marred by blunders and inaccuracies. It is unfortunate that such books cannot be revised by competent physicians before being spread far and wide to lead astray an undiscerning public.

There is no reason why the layman should not be made acquainted with the modern view and with the present-day opinions on nervous diseases. I have attempted in these letters to set forth in simple language an account of the commoner nervous and mental diseases, and to discuss briefly some of the questions which the neurologist is often asked to answer.

J. C.

New York City, 1911.

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THE WAY WITH THE NERVES

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The Way with the Nerves

I

Sick Headache

The first of the letters making up this little book treats of a complaint which is common, or fairly common, among a large class of persons. Migraine or bilious headache, while not confined to any particular rank of society, is more frequently the bane of the highly educated and observant, and especially of the feminine portion of the idle rich. The American woman of the well-to-do class, particularly of the wealthy class, is a being almost *sui generis*. No woman of the civilised world resembles her. No woman of a similar grade of life, leads so irresponsible and idle an existence and is so freely allowed to have her own way. Her father, brothers, and husband seem to conspire to spoil her from the cradle, and the wonder is that she retains so many pleasing and fascinating qualities. Her bringing up and mode of life have an injurious mental and physical effect upon her. Too often she becomes satiated with luxury and pleasure, a prey to ennui, and unwilling to have children. She de-

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velops into a creature of moods and nerves, whose only diversion appears to be doing something out of the common. She cannot, or will not, lead the humdrum life led by her sisters in Europe. Most of these women are newly rich and have not inherited the traditions of the old families of Europe, which enable their members to bear prosperity or ill fortune with equal fortitude and philosophy.

Migraine is not caused by an idle, luxurious life, but it may be fostered thereby. This form of headache is more often the legacy of an ancestor (immediate or remote), and its cause and symptoms are wonderfully alike in parent and offspring. As for its treatment, active work, keen interest in ordinary mundane affairs, plenty of fresh air and exercise, and intelligent attention to the digestion and the recuperative powers of the body will accomplish, if not a complete cure, at least modification of the symptoms.

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From a Lady who has Learned that "Experience is Fallacious and Judgment Difficult."

———— Indiana.

Dear Doctor:

I met at the shore this summer one of your patients, who told me how much relief she had obtained from following the plan of treatment you outlined for her in New York last winter. She made me promise that I would write to you and describe my symptoms, and ask you whether or not I may look forward to any relief from the suffering which, for twenty years, I have borne with little fortitude.

I am now thirty-seven years old, happily married, and blessed with three children. When I was fifteen I began to have headache. Periodically since then, first once a month, later every two weeks, I have had attacks. When I have a headache at the time of my period, it is more intolerable, but aside from this I have never been able to satisfy myself that there is any relationship between them. They completely incapacitate me for nearly a week, the first two

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or three days on account of the pain, and then another day on account of the prostration which now always follows. When the headache first came, I felt the pain between the right eye and the temple. From there it would gradually spread over the right side of the head, and sometimes extend even to the other side. When the attacks are severe, they are apt to be preceded by nausea and vomiting. This occurs less frequently now than formerly. Sometimes, before an attack, I am depressed without reason, and this depression may last for several days. At other times I have a very peculiar disturbance of sight. I am not sure that it should be so described, for the sight does not seem to be really affected. What occurs is that just before the pain sets in, or at the same moment, there seems to be a small black spot which floats about in my field of vision. Every time I move my eyes it moves too. At times, when the pain in the head comes on with unusual severity and rapidity, this black dot seems to be transformed into a small ball of light. On a very few occasions this light seemed to have a zig-zag movement.

Lately I have had, in addition to headache, a great deal of trouble with my digestion. I cannot do the social things or bear my part of the family burden as I used to do without bringing on a headache. Perhaps I have said enough to give you an idea of my case, but I must tell

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you what has been done for me, or rather how I have been "done," by your *confrères*.

It is a long story, longer even than that which I have written about my symptoms. When I first had headaches, my mother took me to our family doctor, who gave me a new medicine every time I went to him. He finally acknowledged that he could not help me. He consoled me, however, by saying that I would outgrow them, and on one occasion I overheard him tell my mother that they would probably disappear after I married. I won't say that I accepted the first man who proposed because of this knowledge, but the one I did accept was not a patent pain-killer. I had fewer headaches during the first two years of my married life, but after my baby was born they came with the old-time frequency. I took a great many medicines without avail. Then the doctor discovered that I had a slight laceration, from which he said the headaches were reflex. I was curetted and repaired, but after I recovered from the operation I had headaches just the same. The next year I was sent to Chicago to have my eyes examined, and the doctor there was sure that my headaches came from astigmatism and "improper implantation" of the muscles, so he decided to plant them over. He did. I was sorry for myself, and I have not got over being so yet.

About a year later one of your New York

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physicians came out to read a paper before the doctors here. He possessed a manner, a white waistcoat, and an impressive way of being laconic. He operated upon three of my sex the day after he arrived, and upon me the day following. I had floating kidneys, he said, and they should be anchored. I could n't understand how floating kidneys caused headaches once or twice a month and not at other times, but then—I had never received a medical education. I shall make no further comment than to say I regret he came out here to read that paper.

About this time Dr. —— settled here. No one knew much about him except that he had practised in Chicago and had been extremely successful. The climate did not agree with his wife, and he decided to give up practice and devote his life to her. However, this seemed to leave him time to practise here, for within a month after he came every one with any complaint went to him. I also consulted him. At last I seemed to have found a pillar of strength and a tower of wisdom. He was sympathetic and understanding, and had seen hundreds of such cases among the best families on Prairie Avenue, and although it was not a patency of good form to have such headaches in Chicago, they were much more common in the first families than among the newcomers. These headaches, he said, came from the liver. They were

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dependent upon "insufficient metabolism"—a process carried on in the liver. In my case the procedure was insufficient because the capsule of the liver had stuck to that organ in the same way as a veil sticks to your face when it becomes wet. I learned to talk the lingo and I was only sorry that I could n't have been one of the onlookers when the doctor shook the sistrum and lifted the veil from the face of the goddess of metabolism. I was ill in bed a long time after this. I don't know just what they did to me, but the doctor said it was a capital operation. At times his use of language was as careless as his treatment of my anatomy.

I then decided to give up doctors and to bear my cross as best I might. I had whiled away some of the weary hours while convalescing from the last operation by reading Dresser's *Power of Silence,* and I decided to fill my mind with love, the world beautiful, an abstract God, and other pain-preventers and misery-mitigators. They worked splendidly until the first real headache came, when my idolised trinity vanished like the morning mist.

Later, a friend of mine who had been cured of cancer after having been given up by all the doctors, came to see me and told me of her own miraculous delivery and of scores of others. I was prevailed upon to send for the wonder-worker. He decided that my spine was dislocated and that the headaches flowed from

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that. I can't imagine how he knew this, for he did n't look at my spine or make any examination whatsoever, but he promised to cure me in about forty treatments. My spine was an obstinate one and, forty interviews having served to establish only a bowing acquaintance, I took forty more. Then I suddenly felt poor in purse and proud in person and decided to give it up. As a matter of fact, I felt better generally after this treatment than I had for some time, but it had no particular effect upon the headaches.

These experiences, while causing me to lose faith in the supernatural, did not restore that confidence which I once had in the educated, level-headed members of your profession. I resolved firmly to have no more opinions from doctor or priest concerning the nature of my ailment, nor to solicit advice as to the course to be adopted for its cure. I need scarcely tell you that this resolution was made in an interval during which I was freer than usual from headaches.

My good intentions, however, weakened under the next attack of pain and I was glad to consult a physician in Cincinnati, who had been recommended to my husband. I went to see him and spent a week at a hotel there while he was completing the examinations, which were made with much thoroughness so far as I could judge. He gave me a test breakfast, then pumped it

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out and analysed it. I had too much acid. Heretofore my doctors had found me deficient in things, so this was quite encouraging to me. The doctor made me swallow a ball of lampblack as large as a marble, which I was assured was inert. All the food I ate for a certain period was weighed, after which I had to swallow more lampblack. I became quite interested in this. Then there were a lot of other examinations to determine my "metabolic co-efficient" and my "elimination capacity" and things which I never knew any human being possessed. At last it was decided that the trouble with me was that I was the director of a large manufacturing plant situated in my midst engaged in making poison. I was the sole consumer, and of course the monopoly was n't good for me; in fact it gave me headaches. This was a most plausible explanation, at least so much of it as I was able to understand. However, I did n't have much time to think about anything save the gastronomic feats I was obliged to perform in my struggle to get well. I had a green vegetable diet. The word *green* or the sight of green calls up memories that I would gladly be without. The sight of spinach has the same effect upon me that the odour of garlic has upon most people. And so far as baked apples are concerned, well, if it had n't been that an apple and Newton were responsible for gravitation, I could wish that nature had never evolved the apple.

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I suppose I must tell you of the "irrigation," too, though I should prefer not. When I read of how irrigation has reclaimed and converted the deserts of Texas and Utah into fertile valleys rich with tropical vegetation, blossoms, and fruit, I register a silent prayer that irrigation may soon be reserved for such purposes alone. All this time I took disinfectants until I pictured my interior as a veritable pest-house.

But why burden you with more of this? You know I did n't get well. Sir Leslie Stephen, in his *Hours in a Library,* says every one should write an autobiography; first, because human documents are always interesting, and secondly, to explain, if possible, how one can be so dull. I have neither of these objects in view. My inquiry is a simple one. Can I be relieved or must I go on suffering? I don't care a fig about the name of the disease. It does n't interest me that geniuses have had it, or that it usually accompanies a high order of intellectual or emotional endowment. I only know that each time the pain is more unendurable, and the fear of it has become more torturing than the pain itself. Can you help me and, if so, will you?

Very truly yours,

———.

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NEW YORK, Feb. 24, 1908.

DEAR MADAM:

You have had an unfortunate and, I hope, uncommon experience with members of my profession. Headache is a very common affliction. It has been stated that one person in five is subject to it. This alone indicates that it is the expression of many different diseases and disorders, most of which are curable. For instance, nothing is more firmly established in medicine than that headache is often dependent upon defects of the sight apparatus, causing what is called eyestrain. That is why so many patients with headache are benefited by an oculist. What I wish to convey is, that headache is nearly always the symptom of some disordered condition of the body, and that this disordered condition can usually be relieved. In your case, however, headache is a disease.

The disorder from which you suffer and which you have described so fully is known to physicians as migraine, and to the laity as sick headache. The headache and other symptoms which appear more or less periodically are merely the expression of a disorder which you have all the time. This may be difficult for you

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to believe when you reflect that you are in excellent health and spirits in the interval between the attacks, but no one doubts that the unfortunate victim of epilepsy is still the victim of the disease even though his attacks are separated by intervals of many months. In other words, migraine is a constitutional disorder, the symptoms of which occur occasionally.

We physicians speak of it as a nervous disorder of degeneracy or deviation. By thus designating it, we endeavour to indicate that it occurs in individuals whose evolutionary development has not been sufficiently harmonious to allow the different components of the finished product so to work in unison that the result is a symphony, emotional, intellectual, or physical. Such a condition is a defect of heredity, and if you will search your ancestry you will find that some one from whom you are directly descended, possibly your mother or grandmother, was similarly afflicted, or had some feature of mental, emotional, or physical make-up which distinguished her from other people.

You will gather from this that I lay great stress upon heredity as a potent factor in the causation of so-called functional nervous diseases. Men and women learned in the laws of heredity, and professional biologists, tell us of many things in our moral and physical nature which are the result of reaction to environment, but one cannot have been a neurologist for

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many years without having been led to the conclusion that it is heredity, and not environment, that is the important element in the causation of nervous and mental diseases.

You are probably wondering what bearing all this has upon the cure of your headache. A very great deal, I assure you. If you gain a conception of the nature of your ailment and the way in which it developed, then you will not be overwhelmingly disappointed when I tell you that my profession is powerless to cure it. We are able to suggest to you certain reforms in your mode of life, in your conduct, and in your habits, which, if observed strictly, will be followed by very great relief. Not infrequently we are able, by correcting certain structural faults of the different sense organs, such as the eyes, nose, ears, and so on, very materially to diminish the number of attacks, but we are not able to cure the disorder, any more than we are able to overcome long prehensile index-fingers or do away with other signs of discordant evolutionary development.

Headache may be caused by indigestion and constipation, and can generally be relieved by calomel or other laxative. Headache often comes to those who do not eliminate adequately through the skin and through the kidneys. It occurs frequently in individuals whose eyesight is poor and who have other abnormalities of their visual apparatus. It is apt to afflict persons who have

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obstructions of the nasal and hearing passages, and individuals who are "run down" and exhausted from innumerable causes.

I should not particularise did I not wish to say that organs are oftentimes a little off the key in individuals who manifest that sign of inharmonious development known as migraine. Therefore, one of the first things that a migrainous person must ask himself is, what the manifestations of departure from the normal in any of these organs are, and how completely can such abnormalities be overcome. The migrainous person who accomplishes this, who looks after his digestive apparatus and his avenues of elimination, who avoids over-fatigue, who maintains a high degree of bodily health (which, by the way, I hold to be inconsistent with the habitual use of stimulants and the modern custom of excessive meat eating), will have headaches very rarely, and when they do occur they will probably not be very severe.

I hear you say that to accomplish this you must become a self-centred, self-watchful individual. I do not admit it. One of the first things that every individual must learn is his or her limitations. The more closely he safeguards them, the less often and severely will he be injured. If a sensitive person goes about saying disagreeable things of others sooner or later he is sure to hear similar things said about himself. The sensitive person should

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acquire the habit of praising or he should become tongue-tied. Neither will subtract from his moral or intellectual stature. On the contrary, they will contribute to his happiness. In the same way you will materially smooth your path and lighten your burden by adopting practically a vegetarian diet, while walling up every avenue that leads to useless exhaustion of energy.

Make a careful inventory of the things you do in the name of pleasure or diversion, and find out how many of them give you any genuine pleasure or any real diversion.

You will find, I think, that many of the things you do in the name of pleasure are stupid, inane, boring, stultifying and profitless. I advise you to give them up entirely. They contribute to migrainous attacks. In the same way, scan carefully the incidents of daily life that exhaust you. You will find that most of them are purposeless and can be avoided without curtailing your activity or your efficiency. Ask yourself seriously the purpose of life, and having answered, bend yourself joyously to the realisation of it. You will find that it is not exhausting, it is exhilarating.

It goes without saying that if you find that the end and aim of life is to harass yourself with the problem of domestics, to devise means of suppressing vivisection, or to win the first prize in a transcontinental bridge-whist tournament,

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you are likely to be disappointed with existence here below, and also to have many headaches. On the other hand, if you devote your life to making this world a more attractive tarrying place for your husband, children and neighbours, you will find that serenity and contentment which the sage found in meditation, and with it health and happiness. Moreover, you will find that such conduct is an anodyne in hours of suffering, a stimulant in days of weariness, and an added joy to life.

"But," I hear you say, "am I to take no medicine?" Yes, dear madam, you are to take five to ten grains of gray powder every twenty-one days on retiring, and in the morning take a mild saline laxative like sulphate of magnesia. Gradually as your headaches become less frequent, make the interval between such doses longer. This may soon be accomplished if you will so arrange your diet, your exercise, and your habits that you get a copious and adequate evacuation of the bowels each day—for that which is often called "hepatic inadequacy" is a powerful force in causing attacks of migraine.

When your headaches are very severe, send for any common-sense doctor, and ask him to give you one or two doses of some simple pain-reliever. Tell him you don't want to be cured, you want only to be relieved.

Yours sincerely,

———.

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II

Neurasthenia

Of all the nervous affections which the human being inherits or acquires, neurasthenia is the one most universally discussed. In the mind of the man in the street, most nervous complaints are lumped together under the head of neurasthenia. The term is all-embracing. This general belief is entirely wrong.

Since the days when Beard gave the name of neurasthenia to a large group of nervous ailments, the professional conception of these maladies has greatly changed.

Neurasthenia, according to the majority of physicians, is an acquired condition. A few, whose voices are far reaching, teach that it is in reality not a common disorder and that the soil in which it develops is prepared by inherited inadequacy. There is much difference of opinion whether or not neurasthenia is essentially an affection of modern times, due almost entirely to the strain of life in cities. Some authorities aver that we have always had neurasthenia with us, and that it is found in the country as well as the city.

They even contend that working men and women

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are as much subject to its Laocoön grip as the overworked man of affairs. It might be presumptuous to deny this, but it does appear likely and even obvious that modern existence has increased the tendency to contract this disease, and has aggravated its potency for evil wherever it has acquired a foothold. The neurasthenic may not be organically unfit, but by the maleficent action of the mind on the body he is functionally in a bad way. The suffering of the neurasthenic is real and, unless relieved, may result in disaster. Men are said to be more prone to attacks than women, but women, when they do break down, break down more abjectly. The ray of light that sheds itself on the path of the neurasthenic is that his case is curable, and that by judicious and rational methods he may be made once more a useful member of society.

Professional men are more susceptible than men of affairs to acquired neurasthenia, and the invalid who is the subject of the second letter is one of my own profession.

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TIDINGS OF A NEURASTHENIC

———, CALIFORNIA, December 8, 1906.

DEAR DOCTOR:

I desire your opinion concerning a colleague who has come out here to live—or rather to die, according to his statement. He was formerly a practitioner in Philadelphia. It is tempting to say something about the pace there in relation to his disease, but I refrain. His story is a long one, and I confess that I do not see any way out for him. It is very likely because of my small experience with such cases, that I feel the necessity of leaning upon some one who has a wider knowledge. The physician's story, as I have been able to put it together, is in brief as follows:

He is thirty-six years old, unmarried, of New England birth and education, and until the time he withdrew from active medical work—now about eighteen months ago—he had had good health. After about ten years of active, general practice, he began gradually to specialise in gynecology. His practice was never very large but, he says, it was "very engrossing." It is not easy for me to explain just what he

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means; but you would understand if you knew the man. He has that indescribable something which, when doctors have it to give, patients take from them at the expense of their vitality. He did not hesitate to assume responsibilities, to give endless encouragement, sympathy, and care to all who came to him. It mattered little whether he had a personal liking for them or not. He was successful, but not immoderately so, although he was a very hard worker both with his patients and with his books.

When he was thirty years old he suffered from internal inflammation, which resulted in an abscess necessitating surgical treatment. This was given to him by a very competent man, Dr. ——. He made a fairly satisfactory recovery, although he was still in the surgeon's care when two incidents bearing upon his present illness occurred. One was a shocking accident to a member of his immediate family, and the other was the protracted and fatal illness of one of his most beloved and important patients. During this illness the doctor was most untiring in his attention. It was then that he began to complain of physical and mental torpor, of a sensation of emptiness in the head, and of unaccountable depression. He decided to take a holiday and to cross the Atlantic. He went to England, and although his general health was somewhat improved by the

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trip, he consulted a physician about the local trouble which he had had and to which he now attributed his slackness. He was treated by this physician for a period of six weeks. During this time he became depressed, largely owing to a pain which had developed in the abdomen to the right of and below the umbilicus. The pain was more or less constant, a dull, exhausting ache. Soon other symptoms developed, particularly disturbed sleep, some headache, considerable bodily weakness, and, worst of all, mental depression. He consulted another physician, but not being impressed by the quality of his advice, he went to Paris and sought the opinion of a well-known professor of nervous diseases, who suggested that he should go to the south of France and take a cure, principally hydriatic. He tried this for a while and with some benefit, but, as he was worried about his affairs at home, he decided to come back and devote himself in a quiet way to practice. He undertook work only to find that he was mentally and physically unequal to it. He was so absorbed in the consideration of his own disagreeable sensations that he could not give the necessary attention to his work. More than that, he seemed to have developed a very considerable amnesia which added to his depression, for he became convinced that it meant some disease of the brain, such as general paresis or arteriosclerosis.

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Inclination for work was often felt, but he had not the ability to apply himself to it, and when he succeeded in forcing himself into some activity, the result was complete prostration. With this came a settled conviction that something much more serious had befallen him than any of the physicians whom he had consulted had yet discovered, and he began to seek the advice of one consultant after another. The result was a variety of opinions which but added to his anxiety and apprehension. The pain in the side he was convinced resulted from some malignant process; the local trouble was of such a nature that treatment could not overcome it, and the slight polyuria was magnified into a symptom of prime importance. Occasionally he complained of dizziness, of palpitation, of a fluttering sensation in the abdomen, and, worst of all, of periods of acute anxiety. On these occasions he would become so solicitous concerning his immediate safety that it was necessary to call a physician, and oftentimes a new one, to calm his fears. During this phase he received a great deal of treatment from a surgeon, from an internist, and from a general practitioner. He made some progress toward recovery, but never enough to permit him to carry on his professional work. He gradually became convinced that his life of activity had been lived, and that he must give himself up to chronic invalidism for the remainder of his days. He became pre-

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occupied about himself in the most typical hypochondriacal way, and displayed a varied and constantly increasing egotism. Finally one of the physicans he consulted advised him to come out here and here he has settled. He is surrounded apparently by every comfort, provided almost entirely, I am told, by his relatives, and ministered to by a devoted sister, whose husband in the East complains that he is not being fairly treated.

I was called in to see this colleague during one of his anxiety attacks and became interested in his condition. I have since been to see him frequently. He is very eager to get well, but he says the age of miracles is past. He has done everything that has been suggested, and, despite this, witness his present state! He has not enough money to support himself in any comfort nor has he any prospect of being able to do so, yet he accepts the sacrifices of the various members of his family and is preparing to die.

His principal symptoms are headache, disturbed sleep, physical apathy and weakness, indigestion, constipation, occasional dysuria, depression of spirits, emotionalism and selfishness, and an enfeebled intellectual capacity manifested by inability to concentrate, to recall quickly, to associate, and to exert the will-power. Everything that comes up for comment, discussion, or debate is brought to the threshold of his Ego for comparison and application. Common incidents

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of daily life which have no reference to him at all are treated as new and potent sources of injury to his prospects of recovery.

I have looked him over as carefully as I can, and although there is evidence of disordered function of different organs and systems of his body, I cannot find any evidence of disease. His digestion is surely not in good condition, his elimination is inadequate, the extremities are cold, the skin oftentimes clammy, and the colour of his complexion unhealthy, but his circulation, heart sounds, blood-pressure, and blood itself are all in fairly normal condition.

I forgot to say to you that at the present time he is under the care of an osteopath here. He says that he has exhausted the resources of the regular profession and that it does not make any difference to him what the osteopath thinks about dislocations of his vertebræ so long as he feels a little better after the treatment. He has given up the idea of ever being cured, but he does not disdain being made to feel a little better on his road to dissolution. Will you give me an opinion as to the nature of his ailment and the manner of treating it? If you will outline a plan of treatment for me I shall try to carry it out and let you know with what success.

Yours faithfully,

———.

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NEW YORK, December 15, 1906.

MY DEAR COLLEAGUE:

I have read with interest your account of the case of neurasthenia now under your care.

I should like to have heard something of your patient's ancestry and of his environment during his formative years. We neurologists early became apprised of the fact that the "little rift within the lute" of some ancestor, by and by "makes the music mute" in the descendant. There is, perhaps, no disease of which the course and eventuation are more illumined by a knowledge of the forebears of the individual than neurasthenia from which your patient suffers save one with which it is frequently confounded, psychasthenia. This last-named disease may be unfamiliar to you, as recognition of it has disseminated slowly. Beard struggled for twenty-five years to get neurasthenia accepted as an autonomous disease, and scarcely had he got the colossus measured than dismemberment of it was begun. You know the vast literature which has grown up around it in every land, especially in Germany, the country in which it was at first most coldly received.

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To-day it is held by many leading neurologists in this country and abroad that neurasthenia as an autonomous disease does not exist, but that there is an association of symptoms subject to slight variation in constitution but to great variation in intensity, an expression of fatigue or exhaustion of the entire nervous system and its appendages, to which the name neurasthenia is properly applied. This symptom-complex may be the result of many widely different causes, but the immediate antecedent is the expenditure of energy that cannot be spared. This expenditure may be voluntary, an attempt to accomplish some specific purpose, such as acquiring fame or fortune; or involuntary, an effort to counteract disease or disorder of some important function, or to withstand shock, ignominy, or grief. Infringement of what are called Nature's laws (to be found in many cases of neurasthenia) come under this head. Some persons have a vast amount of energy and a large capacity for generating it; others have not. Some tolerate frequent and protracted demand upon their physical and emotional spheres; others do not. Some persons take alcohol all their lives with impunity; others cannot indulge even for a short time without paying for it. The individual is the important factor to be considered when the cause of the disorder is being sought.

The neurasthenia that I recognise is charac-

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terised by definite physical and mental symptoms, and they are those enumerated in the closing paragraphs of your letter. Naturally, different individuals describe their feelings and sensations differently, according to their temperament, imagination, and capacity for expression, and this holds true for those who are neurasthenic. But fundamentally the symptoms are subject to but little variation save in intensity and duration, and these qualities may be accounted for just as they are in scarlatina, pneumonia, or other accidental disease. I look upon neurasthenia as an acquisition, not an inheritance. I look upon psychasthenia as an inheritance, not an acquisition. Therefore, neurasthenia rarely if ever occurs until after maturity. Psychasthenia almost invariably shows evidence of its existence before that period. There are borderland cases, of course. Charcot used to show us, when I was a student in Paris, cases of what he called congenital or idiopathic neurasthenia, and he distinguished them very sharply from cases of acquired neurasthenia. This was another indication of his clinical clairvoyancy. Congenital neurasthenia nowadays is pronounced psychasthenia.

Psychasthenia, the disease from which neurasthenia must always be distinguished, if we are to have full measure of success in treating these disorders, is, on the other hand, not an acquired disease. It takes its origin in soil that has been

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prepared before the birth of the individual, and indications of the existence of abnormalities in the victim's mental make-up are frequently present in childhood. Such indications are aboulias, phobias, scrupulosity, literalness, obsessions, etc. This predisposition evolves unaided, spontaneously. Incidents, deemed trivial by the average person, produce intense results. The chief reason why the physician should distinguish between neurasthenia and psychasthenia, is that one is eminently curable, the other is not. Neurasthenia is a disease which yields almost uniformly to appropriate treatment, and I have no hesitation in saying to you that your patient will recover.

The plan of treatment that you ask for is a simple one: Improve his nutrition and praise him. Functional disease cannot withstand the first, and feelings of incapacity, insecurity, and inadequacy fall before the latter as Tyre fell before Alexander. There are many ways of accomplishing the first: superalimentation, if the digestive apparatus will take care of it, massage, resistance exercises, tonic baths, and sleep. Indeed, I am not at all sure that the last alone will not be adequate, and the way to make it so is to have the patient sleep out-of-doors. I am of the opinion that any one with neurasthenia who will stay in the open air all the time and whose insomnia can be overcome will soon recover. At least, I should like to be compelled to treat

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every neurasthenic who comes to me in that way.

In regard to food, give him what agrees with him and give him plenty of it. The important thing is to have a diet schedule. It is a valuable disciplinary measure for the patient. If he gains from one to two pounds a week he is going on favorably. If he does not, milk, eggs, and other easily digested, nourishing foods should be given him in large amounts.

I am against putting him to bed and giving him a rest cure. One has to do it occasionally with patients whose neuro-muscular tone is very low, but in all other cases I am opposed to it. A definite hour for a tonic bath, another for resistance exercise or massage, for reading or being read to, for taking food, and for resting, will help to dissipate time, and will also tend to convince him that every effort is being made to restore him to health. "Employment and hardships prevent melancholy," so said the wise Samuel Johnson. Neurasthenics take their symptoms and themselves most seriously, and it has an excellent moral effect upon them to treat their symptoms as infinitely important. Moreover, such systematic treatment is bound to relieve some of the symptoms, and this relief can be used as an example of the way in which all the symptoms will disappear and the disease be gradually overcome. If you are able to instil into his soul the element of hope, you have gone

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a long way toward making him well, even though he has got into the hypochondriacal stage of his disorder. Addison says, "Cheerfulness is the best promoter of health and is as friendly to the mind as to the body," so encourage him to battle against melancholy.

As to drugs they are practically unnecessary in the successful treatment of neurasthenia, save occasionally to counteract some disagreeable symptom, such as stomach hyperacidity, insomnia, or constipation. These symptoms and all the others of neurasthenia may be overcome by appropriate dietetic and physical measures, but it takes some time to do it, and meanwhile, if the patient's comfort demands it, they may be temporarily relieved by drugs. What I really want to say is that no systematic drugging should ever be undertaken in neurasthenia. The habit of giving bromides and other sedatives, and strychnine and other stimulants for a long period, is pernicious.

If your patient were suffering from psychasthenia instead of neurasthenia, I should have to dwell at great length upon what we neurologists call the moral treatment. I interpret him as a pure neurasthenic, so I leave it to your own judgment to formulate a plan for encouraging him and giving him an incentive to get well.

I shall be very glad if this letter helps you to restore your patient to a career of usefulness.

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I can wish you no greater joy than the consciousness of having reclaimed a fellow-creature from a life of invalidism.

Yours very sincerely,

———.

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III

Psychasthenia

The third of these letters treats of the all-inherited form of nervous disorder to which the name Psychasthenia has been given. There are many unfortunate individuals who through no fault of their own are condemned to a life of partial misery, because there has been bequeathed to them by a forebear certain disagreeable mental traits. If it is any comfort to persons thus born to know that they are in good company, they may possess that flattering knowledge, because a great number of men and women of genius inherited similar nervous failings. Sometimes, however, the symptoms which usher in and accompany psychasthenia are so troublesome and nerve-wearing that the sufferer is willing to fly to any mode of treatment which promises to afford a respite. The honest physician cannot assert that he will cure psychasthenia, but he can lay down a line of treatment which, if vigorously followed, should go far to remove the obsessions and worries which render the life of the psychasthenic almost unbearable. The main prop of treatment will rest on the exercise of the will-power by the patient who should argue with himself and endeavour to convince himself that his various vagaries of thought have no foundation in fact.

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Musings of an Obsessed

————, Louisiana,
January 18, 1908.

Dear Doctor:

To-day I went to see Dr. ——, who has always been our physician, to ask what I should do to obtain relief from a distressing symptom which has made its appearance during the past year. He advised me to consult you. Before making the journey to New York I would like to give you a brief outline of my infirmity and to find out if possible what hope of relief you can hold out to me. I say it is during the past year that the most disagreeable symptom has come, but in reality I have had symptoms for a longer time than that. It is only lately that it has begun to interfere with my work and to menace my happiness. It is difficult for me to describe my condition. While I am at work in my study, intent upon some problem that interests me, my breathing seems to stop. The more I concentrate my attention, the greater is the disturbance of respiration, and this, of course, distracts me. I try to push it out of my mind and bring my thoughts back to the matter before me, but,

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as soon as I succeed in doing so, my breathing catches or stops. I then begin to experience a sensation of nervousness and vague apprehension, and I have to abandon my occupation and go out-of-doors or find diversion in some other way. There seem to be variations of the disturbance of breathing. For instance, I want to know the time; I look at my watch, but before I am sure of the exact time—that is, while I am coming to a conclusion, the breathing seems to stop. When reading I am often nervous and I have to practise breathing in a sort of surreptitious way in order to read. While drinking water I have to pause at the end of a swallow and then start again.

Then I have difficulty in making up my mind or at least in convincing myself that I have done certain acts. After writing a letter and addressing the envelope, I will look many times before I am convinced that I have signed and addressed it properly. I argue with myself and assure myself that it is "Miss" and not "Mrs.," but as soon as I have apparently convinced myself, the conviction deserts me and I must begin anew. After I have put the letter in the envelope, I have to take it out and replace it time and time again before I am sure that it is in proper form, and after it is stamped and sealed and in the mail-box, I am worried as to whether it is properly stamped and sealed, and in this frame of mind I have frequently waited an hour or

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more until the collector came to open the box.

I am very much bothered and distressed at times to know whether the paper on which I write is free from having been written on before, and I turn it over and over before I am convinced. Superstition as to time, things, minutes, and days; extreme conscientiousness as to exactness in every detail, worry and perturb me.

I lock the door and then am not satisfied that it is fast; and the same thing is true of the windows. The minute that my hand leaves the door or fastening I am assailed with doubt.

I have always thought this was a species of nervousness; now it is associated with fear, want of confidence, lack of certainty, and mind wandering. When I have done something, I am not sure of it, and the effort to make sure of it disconcerts me thoroughly. The fear of not using the right foot when starting and when going in and out of doors, and of not giving and receiving things with the right hand, annoys me a great deal.

When I start off with my right foot, though I see the movement of the foot, I have no consciousness that the foot has moved; the act is finished while the mind is in doubt. When I am giving things out of the right hand, as soon as the thing is given the act is doubted and I want the act repeated, though the repetition makes no stronger impression.

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I am afraid you will think I am crazy, and, indeed, I often ask myself if I am losing my mind. Apparently I am in possession of my faculties and my conduct confirms me in this belief. Only a few persons know anything about my affliction, and I nurse the hope that I can, without notoriety and with the aid of your skill, rid myself of it.

I suppose I should tell you something about myself before I proceed further. I am twenty-nine years old, unmarried, and a clergyman of the Presbyterian Church. I do not officiate in this capacity, for I hold the position of Assistant Professor of History in —— University, to which I was appointed after I finished my graduate work in that institution four years ago. I am fairly successful as a teacher when my health permits me to discharge my duties, but last autumn I was obliged to ask for leave of absence, and come here to my former home to see if I could pull myself together.

My complaint has been developing for some time. I can see now that certain feelings, doubts, and compulsory notions that I had as a youth were really forerunners of many of the symptoms that I have to-day. As a boy I was sensitive, shy, and retiring, though in the presence of intimates I could assert myself. I was not very popular at school save with a few, but I now believe this was because of a certain preciosity which I looked for in others and which

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I am now glad to believe is uncommon. I was a pious boy and walked in the fear of the Lord. Indeed, one of my first worries was whether or not I had an adequate awe of the Lord. Another was what might happen to me if I told a lie. This latter fear led to a literalness of speech that gave me the reputation of being affected and pedantic. I blush now to think of the period when I felt obliged to conform to the biblical injunction that verbal intercourse should be limited to yea and nay. But these were only passing fancies, as were so many others that I had, and which I suppose are common to an emotional, high-strung youth. Meanwhile I had a facility for learning which often gave rise to favourable comment. I was self-deprecatory, yet I was by no means unappreciative of my ability to do things.

When I was about sixteen years old, I became very much concerned as to the meaning of such accepted facts as why do two and two make four, why do things look real, and so on through a long list of interrogations. I can't begin to tell you of all the silly ideas that came into my head and kept me from having that joy of youth and health which my companions had. I think, however, that if my parents had had any notion of what was going on in my mind they would have realised that what I needed most was to stop trying to solve the riddle of things, and begin to do things instead. I am willing to

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do that now, and I have disciplined myself to cease being an interrogation point. I wish my father had either sent me off to school or given me such work at home as would have developed within me a taste for sport and athletics. But he was absorbed in an invention which he was trying to perfect and which would revolutionise the cotton business. Apparently he had little time for his family.

While at college I seemed to have shaken off my vagaries and I look back upon that period as one of great happiness. I formed some intimate friendships and many pleasant personal relationships, and it was with the greatest satisfaction that, after I had taken orders, I saw my path in life leading back to —— (the University town). But now I am in despair. I feel utterly incapable of throwing off this incubus that has fastened itself upon me. It is useless to tell me to learn to think connectedly, to use my will-power, to divert myself. I have endeavoured to do all this with my whole strength and I am no better. In fact, here I am, apparently in perfect health, and to all intents and purposes of sound mind, yet incapacitated.

"My fortune standing in the precipice
'T is counsel that I want and honest aids."

Yours truly,

———.

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P. S.—It has occurred to me that I should try some sort of mind cure. What is your opinion of the Emmanuel healers? Do you think I can look forward with any confidence to recovery? You know "the miserable have no other medicine but only hope."

——.

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NEW YORK, February 12, 1908.

DEAR SIR:

I am in somewhat of a quandary whether I shall tell you the name that we physicians give to the disorder from which you suffer, or whether I shall endeavour to put before you certain rules of life and conduct, conformation to which may restore you to a life of usefulness and comparative happiness. If I do the first, I must warn you against looking up the writings upon the subject, and applying the statements to be found therein to yourself. You know, I am sure, that few things warp our judgment so much as illness, and especially illness within the mental sphere. There is a custom that few physicians transgress, and that is not to undertake to treat themselves when they are ill. The physician whose training and life-habit it is to deal with disease, finds that this is the safest and most expeditious course to pursue in order to regain health, and the layman need not hesitate to follow his lead. I shall, however, be very frank with you in the discussion of your infirmities, and endeavour to put before you the nature of your disorder in such a way that you will comprehend it. Nothing aids the

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physician so much in his fight with disease as intimate acquaintanceship with the malady and a full understanding of its nature. When he comes to deal with a disorder, whose cure requires the intelligent co-operation of the patient, it is of the greatest value that the patient should have a fairly clear conception of the disease.

The symptoms which you describe have probably been known to physicians since the beginnings of medicine. Although we do not find them mentioned in the medical literature of the ancients, we frequently read of such symptoms in the biographies of men whose names have become immortal. Men and women of genius, men and women who write their names indelibly upon the scroll of time, are usually individuals of nervous temperament, of neurotic constitution, of neuropathic diathesis, and although it is in spite of, and not by virtue of this that they achieve fame and add to the lustre of their times and to the welfare of the world, nevertheless it would seem that the greatness of their endowment nearly always carries with it the drawbacks inseparable from such a temperament. I do not by any means intend to convey the idea that men of genius must necessarily have symptoms such as those which you relate.

It is only lately that physicians have realised that symptoms such as yours are the expression of a neuropathic diathesis or constitution which has not been properly disciplined by hygienic

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measures; that is to say, which has not been developed toward a normal condition by the most approved modes of treatment during the formative years of life. In the past few years many studious attempts at interpretation have been made with the result that, following the lead of a French physician, Janet, many of us look upon these symptoms as indicative of an hereditary, constitutional, idiopathic disorder of the nervous system, meaning thereby one that develops without apparent antecedent cause. When I use the word nervous system in this sense I mean the entire nervous organism, a large part of which is made up of the brain. Therefore it is called a psychoneurosis and to this psychoneurosis the name Psychasthenia is given. The name is not particularly appropriate, as it indicates only that there is a weakness of the mind. One reason why it has seemed more appropriate perhaps is that neurasthenia, which signifies a weakened or exhausted condition of the nervous system, has found its way into everyday speech and conveys a more or less definite meaning. In fact, the advent of the term psychasthenia has had much to do with narrowing our conception of neurasthenia and making the condition to which it is applied a well-defined one.

You will gather from what I have said that psychasthenia is like the poets—born, not made. It is quite likely that any one may develop cer-

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tain definite fears, some obsessions, stereotyped modes of worry, of doubting, of questioning, and so on, the possession of which does not necessarily mean that one has psychasthenia, but an individual, whose usefulness becomes impaired by a group of mental and emotional symptoms made up of obsessions, imperative concepts, fears, doubts, anguish, compulsory movements, enfeebled will-power, and disturbed peace of mind, who develops these symptoms comparatively early in life without adequate cause, and who, like yourself, has his vocation disturbed and his career seriously threatened, may legitimately be said to have psychasthenia. You probably want to know why you should have it and what it comes from. You have not outraged any of Nature's laws, you have not been so unfortunate as to encounter accidentally any of the salient factors from which disease flows. Psychasthenia comes like your birth—without your will and without your leave. Like a few other constitutional disorders of degeneracy, such as migraine, hysteria, and epilepsy, it is but a manifestation of a disturbance in the great synthesis that goes to make the individual. In other words it is an evolutionary defect.

The problem that we neurologists most frequently have to solve is, how to arrange the life of the patient who consults us, so that his career shall not be a failure. Unfortunately,

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we do not get the individual, as a rule, until after he has fully matured and become a creature of fixed habit. We are in the position of a skilled watchmaker, who has been handed a chronometer of which every part seems to be perfect, but which nevertheless will not do the work for which it was intended, or else does the work in an erratic and unreliable manner. The watchmaker gives very little satisfaction if he says that a certain bit of steel used in the construction was not adequately tempered, or a certain coiled spring was not properly annealed. He must do something that will make the watch keep accurate time, and in order to accomplish this he must attack it fundamentally, take it to pieces, and proceed from the very foundation.

A somewhat similar course must be pursued by the physician who essays to treat such constitutional disorders as psychasthenia. He must attack the patient fundamentally, dissect his character, ferret out the primordial origins of his false-beliefs, analyse the remote antecedents of his first obsessions, go back to the early times when it was admitted that effect naturally followed cause, and perhaps, more important than all, try to put clearly before him examples of real humility and show him his own insignificance. Do you remember in the *Imitation of Christ:* "Think not that thou hast made any progress unless thou feel thyself inferior to all. Behold

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how far off thou art yet from true charity and humility, which knows not how to be angry or indignant with any one except one's self." He must be convinced that there are certain unavoidable things in the world which every one of a neurotic, emotional temperament finds disagreeable; that in reality they make very little difference to any one save the individual himself, and that the safest and surest thing for him to do is to cultivate the habit of indifference towards them. In other words, you must strive to place yourself, your environment, and the world in the right perspective. Except to a few, you are of no importance whatsoever. You must realise that, apart from those persons who constitute your family and your intimates, your welfare does not concern any one. Treat yourself, if you can, as the world treats you, as too insignificant to be noticed. Adopt this attitude toward your symptoms, or if you must attack them one after the other, consider that you run the risk of accentuating them by giving them too much consideration. To be quite normal one must emulate the young child or the animal and be un-selfconscious. There was a time when even the germs of your present distressing ideas and sensations did not exist. Therefore, endeavour to determine what their antecedents were, and having found them treat them as enemies. It is largely a matter of self-cure, particularly for a man who like yourself has

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the dual advantage of intelligence and a trained mind. You will be assisted in the matter by a course of appropriate reading, carefully selected and faithfully pursued. An adequate philosophy is, in reality, what you are in search of, and I should recommend to you a careful study of Aristotle and Epicurus. You can find amongst the writings of the latter this statement:

"We should not be hampered by foolish fears from attaining the goal of our existence—happiness. Pleasure is the highest good; not the pleasure accompanying a passing sensation, but pleasure as a permanent state—that state of deep peace and perfect contentment in which we feel secure against the storms of life."

If you can take the point of view which Aristotle took, that the mind does not originally possess ready-made ideas but the faculty of forming them, it will help you very much in getting rid of these obsessions that have fastened themselves upon you like barnacles on the bottom of a ship.

What can you do directly to help yourself? You must make a firm resolution that at certain times in the day you will dislodge these ideas from your mind by force of will. A repetition of this effort will render their dis-

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sociation more and more easy and their recurrence more and more infrequent.

"Refrain to-night,
And that shall lend a kind of easiness
To the next abstinence; the next more easy,
For use can almost change the stamp of nature."

You will find, moreover, that you will gain greatly by translating your thoughts into some form of action, instead of bottling them up and turning them over and over in your mind. In other words, if you are able to embody your thoughts in speech, in efforts for the benefit of others, in anything that has a definite purpose, it will be of service to you.

You have evidently heard of the cures achieved by Christian Science and other modes of supernatural healing. It is in cases such as yours where simultaneous bolstering of the will-power and obscuration of the Ego are required that these healers often accomplish more than we physicians are able to do. You will undoubtedly have it suggested to you that there is a port of safety for you in the harbour of such a cult, and I shall say nothing to discourage you from turning your sail in that direction if you can reconcile your intelligence to the most nebulous and mystic parts of Neo-platonism. I deem it fitting, however, to warn you against the rival camp which is now putting forward claims for

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recognition as a hygienic force. There is an effort on the part of certain Churchmen to combine the treatment of disease with their own legitimate work of public ministration in the Christian church. There is nothing new under the sun! Nearly eight hundred years ago the Church and the practice of medicine were forcibly rent asunder by the first Lateran Council during the pontificate of Calixtus II. Things had reached such a pass that they were intolerable even in the twelfth century.

Though in this modern instance the advocates cannot be accused of "Ordinis sui propositum nullatenus attendentes pro detestanda pecunia sanitatem pollicentes," they claim to do that which they maintain honest men of ability, backed by the training of a lifetime, cannot do, and they gratuitously assume that "if medical science is to regain the esteem of the world, it must take the ground that for the great majority of the ailments that afflict American humanity, the contents of the pharmacopœia are of very limited efficacy, and that for these the directly curative agencies must be moral and psychical." The only agencies they call to their aid are: Suggestion, Subconsciousness (which is especially amenable to control from without), Faith, and Prayer. So far as I can see, the only one of these that is not in hourly use by the physician is the last. Despite the poverty of their therapeutic resources, their cures read like the

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testimonials that set forth the efficacies of "Father James's Medicine" and "Barnum's Safe Spleen Cure."

Christian Science represents an attempt to revive the emanistic pantheism which was the fundamental conception of Neo-platonism. The Emmanuel Church movement represents an attempt to revive a custom of the dark ages. I hold no brief for the members of my profession in this matter, but I have no hesitation in saying that it is purely a gratuitous assumption on the part of the reverend director of the Class for the Moral Treatment of Nervous Disorders, Boston, that medical science has lost the esteem of the world. This assumption is just as true and no truer than the statement that the "effort is scientific" (meaning the Emmanuel Church movement), or that "the movement is an attempt to weld into alliance the most progressive neurological knowledge and a primitive New Testament Christianity." If any such attempt is being made no evidence of it has been brought forth. The science of medicine and the art of therapeutics are to-day the envy and the wonder of the world. Once we conquer cancer and find an antidote for alcohol, we shall know just how Alexander felt immediately before the sudden gush of tears that has become so famous.

You might think from the lucubrations of the supernaturalists that the world is not only filled with folly and sin but with psychasthenia, in-

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cipient insanity, simulated epilepsy, hypochondria, anæmic headaches, functional insomnia (whatever that may mean), and melancholia, to enumerate only a few of the Christianity and Health Series. But as a matter of fact, as soon as our hospital train passes the psychoneurogenetic belt of Boston and Chelsea in its journey out to meet the ailing and infirm people of the United States, these maladies, and all the others which are named, play comparatively a small part.

If this world is only a preparation for the life above, the amount of preparation needed by us is so great that I believe the clergy has n't time to practise medicine.[1]

The truth of the matter is that a man like you should no more need an outsider's help to overcome his symptoms than to cure him of swearing or of boasting, of a belief in ghosts or in spiritualism. You would n't send for a surgeon if, having a thin skin, you got a sliver in your finger. You would set to work to remove it yourself, and in nine instances out of ten you would succeed. You may regret you have a thin skin, but you soon learn to take precautions not to injure it.

[1] "Fingunt se medicos quivis idiota, sacerdos, Judæus, monachus, histrio, rasor, anus." Old proverb, meaning: any untrained person, priest, Jew, monk, playactor, barber, or old wife is ready to prescribe for you in sickness.

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You need to look back and discover the beginnings of your various doubts, fears, obsessions, and aboulias, and root them up one by one. If you can't get the right perspective, come to see me. I advise you to return to your work. The disciplinary plan of treatment which I want you to undergo can be better carried out while you are at work than when you are idle, and it is always wise to regain your equilibrium in the atmosphere and environment in which you are going to live. When I see you, I may have something to say of certain physical measures, such as exercise, bathing, occupation, play, diversion, and their relation to mental and emotional equanimity, but as you do not mention your bodily health, I shall hold these in reserve.

Yours very sincerely,

———.

P. S.—Have you ever read the life of a first-class hypochondriac like Carlyle, or of a typical neuropath like Flaubert? It might be an excellent thing for you to do.

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IV

Epilepsy

There are few diseases which are more rebellious to treatment than genuine epilepsy. The remedies for it are countless, like the sands of the sea, and all of them, save one, are useless. The unfortunate victim of the disease goes from physician to physician until finally his credulity is exhausted, then he falls a ready prey to the advertising quack, the supernaturalist, and the charlatan.

The most important factor in the successful treatment of the disease is the intelligent co-operation of the patient or parent. In order that this may be had it is essential that the nature of the disease, its genesis, and its course should be explained. These I have attempted to set forth in the following letters.

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"We Took Sweet Counsel Together"

————————, Va.,
January, 10, 1907.

Dear Doctor:—I have a patient who suffers from epileptic fits and I am very anxious to cure him. He has been to nearly every doctor in this place and to a few in Richmond, but he does not seem to get much better. For the last year he has been taking a medicine supplied by a firm in Kansas City. If I could cure him it would be a great help to me, and I am writing to you to ask if you will send me a prescription for him. He says that every doctor that he has consulted has given him bromide of one kind or another, and that the patent medicine which he has been taking, has the same effect as the doctors' prescriptions, only that it makes him more stupid, so he refuses to take any more bromide. I read in your book that there are a number of medicines which are substitutes for bromides, but you do not give any prescriptions, so if you will send me one I shall be very thankful to you and shall do all in my power to make him well.

Yours fraternally,

————————.

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NEW YORK, January 15, 1907.

DEAR DOCTOR:—You will not, I hope, think me rude or unappreciative of your courtesy in consulting me, if, by way of reply to your letter of a few days ago, I send you a copy of a letter which some time since I sent to the father of an epileptic girl whose husband's letter I also enclose. You will gather from it my attitude toward the treatment of this profound neurosis. I shall be sorry, indeed, if, after reading it, you are less keen to get your patient well than you were when you wrote to me. Although epilepsy is, in the vast majority of instances, an incurable disease in the strict sense of those words, still there is scarcely any chronic disease which is so favourably influenced by appropriate treatment intelligently applied. I say to you frankly that before one can carry out such treatment, the idea that a prescription, even though its composition originated in the mind of Minerva, can cure epilepsy must be abandoned forever, and in its place must be put a conception of the disease and a knowledge of the forces or factors which customarily precipitate an attack. With this conception of his task and with a proper view of its gravity, the physician who essays to treat epilepsy may have a commendable measure of success.

Yours very sincerely,

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NEW YORK, December —, 1898.

DEAR SIR:—I am of the opinion that your daughter is suffering from genuine epilepsy, *i. e.*, epilepsy, the disease, and not epilepsy, the symptom. I believe that she had the first attack when she fell from her horse; the epilepsy was the cause of the fall, not the fall the cause of the epilepsy.

The treatment of the disease epilepsy—congenital epilepsy, as it is sometimes called—is more satisfactory when the parent, or guardian, or even the patient himself, has some idea of the nature of the disease. Examination of the tissue of the body after death fails to reveal any structural abnormality, therefore we call epilepsy a functional disease, *i. e.*, a disease in which the function of the organ is disturbed without co-existing structural change in the organ. We who know something about the profoundly intricate structure and delicate mechanism of the nervous system, must content ourselves in our search for an explanation of this disease, with the theory of an imperfect adjustment of certain components or constituents of the central nervous system, perhaps as the result of a jolt which these constituents received at some stage of their

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development as a tissue (histogenesis), or of their development as a species (ontogenesis). In other words, we look upon genuine epilepsy as a sign of biological imperfection, of degeneracy, merely in order to indicate that certain things have occurred in the victim of this disease which tend to throw him back to an original primitive type. A person thus constituted is less capable of resisting influences that are known to interfere with the perfect working of the nervous system, such as fatigue, indigestion, intoxication, etc., than a person who is normally constituted. For this reason, the important treatment of epilepsy is that which we often speak of as the moral, or the disciplinary treatment. Epilepsy is much more successfully treated from this standpoint than from any other. Empirically, we have learned the value of certain drugs in its treatment, but the results obtained from giving them are most unsatisfactory unless this disciplinary treatment is adopted.

Epilepsy is classed amongst the incurable diseases, and very properly so, for statistics from the most reliable sources show that only about five cases in a hundred recover. Appropriate treatment, however, materially assists the majority to a life of usefulness and productiveness. Nothing has emphasised this truth so conspicuously as the colonies that have been established for the treatment of epilepsy in

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this country and abroad during the past generation.

The most important factor in the treatment of epilepsy is to determine the antecedents of an attack, and, having determined them, to avoid them. Anything that irritates the nervous system, anything that exhausts nervous energy, anything that disturbs emotional balance, emotional equilibrium, tends to produce attacks. The physician who searches every organ of the body to learn whether or not it may be the source from which exhausting sensory impulses are sent to the brain, and who on finding them relieves them, is the one who will have greatest success in the treatment of epilepsy. Such relief sometimes comes from the correction of ocular inadequacies or the removal of nasal obstructions, and from cessation of irritation connected with disorder of other highly sensitive parts of the body. Unfortunately, many physicians maintain that the disease epilepsy may be cured by such means, and this even when face to face with the fact that although such claims have been put forward with great energy for nearly two generations, the prognosis in epilepsy has not been altered one whit during that time.

I should recommend that your daughter be put upon a strict dietary from which no article of food is rigidly eliminated save table salt and substances which are known to give her indigestion. I should allow her to have meat

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in small quantities once a day, but all recooked food should be avoided. I should not rigidly proscribe tea and coffee, but the less of these she takes the better. Of more importance than the quality of the food are the quantity and the way in which it is taken. Practically any food may be taken if the patient masticates it thoroughly and slowly. This is a sure way of avoiding overeating. My advice, therefore, is to avoid indigestion, constipation, and fatigue, as these are the forerunners of epileptic attacks in the vast majority of instances. If this is done, and if careful attention is paid to the diet, there will be very little difficulty in maintaining the equilibrium of nutrition, which will manifest itself in good flesh, warm extremities, and equable spirits.

The drug that is most beneficial in the treatment of epilepsy is one of the salts of bromine, and apparently one salt is about as useful as another. Some individuals tolerate the bromide of soda better than they do the bromide of potassium, just as some persons tolerate a green hat better than a brown one. If your daughter should happen to be one of those who are able to take bromide of strontium better than bromide of potassium, it would be wise to give her the former. This question, as well as the dose of bromide that is adequate to reduce the frequency of the attacks, can only be determined by a careful physician, and with that

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end in view I shall write your doctor, giving him a detailed account of my own practice in such cases.

Finally, although you may not find very much encouragement in the first reading of this letter, which announces to you rather baldly perhaps that one of your family is a sufferer from a disease which is practically incurable, still I think you will find some consolation in the statement that the disease does not necessarily abbreviate the patient's life nor materially interfere with her usefulness except in one direction.

It is my profoundest conviction that sufferers from genuine nervous and mental diseases of degeneracy, of which epilepsy, hysteria, and psychasthenia are the type, should hesitate before they marry, and if they marry, they should not propagate. It does not seem to me that the epileptic should be denied the companionship and sympathy of marriage, but I hold it my duty to point out to sufferers from hereditary nervous and mental diseases that they have a capacity for cruelty which Borgia and Caligula might have envied: the creation of human beings who are hopelessly handicapped from the start. We cannot run from destiny, but we need not enter cripples in a foot-race with the fleet and the clean-limbed.

Yours very sincerely,

———.

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[THE HUSBAND'S LETTER]

BUFFALO, N. Y., December —, 1907.

DEAR DOCTOR:—I am writing to you about my wife who, you will remember, consulted you about ten years ago for a disorder which you pronounced epilepsy. My specific purpose in writing to you now is to get your opinion concerning the advisability of subjecting her to an operation upon the head. This has been urged by a homœopathic physician in Philadelphia who has never seen her, but who has had her case described to him by one of our friends.

You will recall that, briefly, the history of my wife's illness is as follows: She was considered to be in the most robust health until her fifteenth year. One day while riding in the ring of the riding academy here, accompanied by a master, she fell from her horse and was picked up in a dazed condition. She thinks she lost consciousness, but she is not very sure, nor does she recall what occurred before she fell. There were no marks of any injury on the head. She had a bruise on the shoulder and on the leg, but she did not have any other bad effects, apparently, from the fall. About four months

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after this she had an attack in which she became convulsed in all her extremities, rolled her eyes, frothed at the mouth, bit her tongue, and lost consciousness. After she recovered her senses, which she did in less than a half hour, she was drowsy and inert and remained in a semi-stupor for several hours. She had had about ten of these attacks when she was first brought to you, and had consulted Dr. Ferrier, in London, Dr. Raymond, in Paris, and many other physicians. Your opinion, at that time, was that the fall had nothing to do with the cause of the epilepsy, and you outlined a plan of treatment for her, and sent a nurse to her home to see that it was properly carried out. At your suggestion she was examined by Dr. ——, who ordered her to wear glasses constantly, as she had far sight in one eye and astigmatism in the other.

You will recall that you were very much opposed to our marriage, and when we insisted upon it, you preferred to have no further participation in the treatment of her disease. We married, and we have two lovely children, a boy six years old and a girl four, and so far they are perfectly healthy. My wife, however, has grown worse, and is now becoming incapacitated mentally. I have had her under the doctor's care almost constantly since you saw her, and I am at the end of my tether. I really do not know what to do with her, although I am get-

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ting suggestions from every quarter. Some of her family insist that I employ an osteopath; others do not understand my obstinacy in refusing to put her in the care of Christian Scientists; and, as you see from the letter inclosed, members of your own profession do not await the solicitation of their aid, but offer it spontaneously. The number of promises of cure that I get through the mail makes me feel that I am not doing my duty to my wife, for it is impossible that such statements could be made if they had no subtratum of truth to support them.

You will think it strange that I am writing to you after what took place ten years ago, but I am doing it because I have often recalled the explanations you gave me of the nature of my wife's illness, when, before our marriage, I called upon you in New York. I am not sorry that I married, even though our life since then has been one of almost constant struggle for health. If the children do not inherit epilepsy or some other nervous disease I am content with my lot.

I do not imagine that your advice will be very different from what it was ten years ago, but I should like a word of counsel as to what steps to take now, and a word of assurance, if you can give it to me, regarding the future prospects of my children.

Yours very sincerely,

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V

Mental Retardation in Children

There are few families whose ramifications do not include a child who is in some way mentally deficient. It is for this reason that a discussion of the subject has been introduced here. Until the advent of Lightner Witmer of Philadelphia into the field of orthogenesis best designated abnormal pedagogy, practically all that was provided for this deplorable class of defectives was custodial care and training. Now, thanks to the initiative and the pioneer work of Professor Witmer, the child, abnormal mentally and emotionally, is being studied, interpreted, and classified.

Through the medium of small training schools and with the assistance of physicians and specialists, we are able to carry out definite educational methods, and the curably backward child is given the individual instruction and physical training necessary for his normal development.

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Education of a Mentally Defective Child

Rochester, N. Y., Oct. 30, 1904.

My Dear Doctor:

I am writing to ask when it will be convenient for you to see the little girl whom, you will recall, I sent to you four years ago in order that you might give an opinion concerning her condition. Although she has made considerable progress since that time, it is not as great as I had anticipated, in view of the sanguine position you then took with regard to her physical and mental development. I must say, however, that the parents have done very little to carry out the plan of treatment which you outlined at the time. They realise now that it is necessary to have something done for their child and are willing, I believe, to adopt any suggestions that you make. The child is now seven years old and her physical peculiarities and supposed feeble-mindedness are exciting a great deal of comment among the intimates and friends of the family.

From the time of her birth, which occurred when her mother was forty-two years old, the child has always been "nervous." The mother

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had been ill with some kidney trouble before the birth of the child and this illness continued afterwards, so that she was unable to nurse it. During the first year the baby is said not to have slept at night except for brief periods. She was restless and in almost continual motion. When she was a year old she could not crawl or even raise herself from a reclining position. When prone upon the floor she could move her arms and legs but the movements were incoordinate and jerky. She began to walk when twenty-six months old, not having previously crept, but secure locomotion came very slowly. She tripped and fell even when there was no apparent obstruction or obstacle in her way. When she was three years old, I had Dr. —— of New York see her because of this difficulty in walking and of the jerky movements, particularly of her head, face, and upper extremities. He made a diagnosis of muscular dystrophy and gave an unfavourable prognosis. She was then taken to Baltimore to consult Dr. ——, who interpreted her condition as a form of birth palsy and he also gave a gloomy prognosis. It was soon after this that I sent her to see you. Although she could then walk alone it was impossible for her to go upstairs without holding the balustrade, and when lying on her back she could not help herself to rise. Her speech was unintelligible, its striking feature being inability to co-ordinate the move-

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ments of the tongue, lips, and breathing so as to produce articulation, and almost constant grimacing, twitching of the head, blinking of the eyes, and contortions of the upper part of the body.

She was tall for her age, the muscles of her arms and legs were well developed, but her chest was flat and her shoulder-blades protruded noticeably. The only striking feature of her appearance was her eyes. They were almond shape like those of a Mongolian, the internal canthus being narrow and adherent.

She has not learned to talk save a peculiar gibberish which the family are able to understand but which is unintelligible to me. She walks more securely, but she has so much chorea-like movement of her hands that she is unable to do anything satisfactorily, such as feeding and dressing herself. When she attempts to talk she screws her eyes, her face becomes contorted, the shoulders shrug, the body wriggles, and then she emits this peculiar, inarticulate speech. She has never learned to play either by herself or with other children. I have done everything I could for her in regard to her diet and general health and I think I may say she is in fairly good condition in these respects. The operation for removal of the adenoids has not yet been performed, but I hope to be able to persuade the mother to have it done this autumn. My chief object in sending her to you now is to

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get specific instructions as to the best means of developing her mentally. She has many qualities of mind which are as far advanced as in the average child of her age. She is obedient, affectionate, and docile. She knows the difference between right and wrong, and although she apparently forgets very readily what she has been told, her parents have been able to train her to a certain kind of conformity to the ordinary occurrences of daily life, but practically no real start has been made with her education. I shall be glad to get detailed instructions from you as to what to do.

Believe me,

Yours very sincerely,

———.

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NEW YORK, Nov. 3, 1904.

DEAR DOCTOR ——:

It will be convenient for me to see your patient a week from to-day. I shall be glad to see her, even though she does not exhibit as much improvement as I anticipated at the time of my first examination. Possibly she has not had "a square deal" from us and from her parents. In cases of this kind, either the parents are told that the case is hopeless, or they are advised to get a teacher, whose work, pedagogical or hygienic, the physician is not fitted by training or inclination to supervise. Often the parents are warned so successfully against overstraining the child, that they do almost nothing toward disciplining or toward providing material for intellectual development. In many other instances the parents are told that the child will outgrow its present condition. Whichever attitude is taken, it is based upon an insufficient study of the existing circumstances, and in the majority of cases the result is that the child reaches the age of maturity mentally and physically defective.

I find nothing to marvel at in the fact that the majority of us are unable to supervise the

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training of these children, and that so many of us leave to nature what properly belongs to the expert trainer. As a matter of fact, such expert trainers, as a class, have yet to be developed in this country, and in no department of pedagogy are we so far behind as in making application of the well-recognised fact, that children who do not conform to the average standard require individual instruction in order that they may properly develop. The successful trainer of mentally defective children should have unusual force of character, intelligence, insight, originality, knowledge of voice articulation, such as is taught to deaf-mutes, and a familiarity with the modes of application of massage, baths, and calisthenics. In addition to this, the trainer must be a vicarious mother and the supreme authority over the child.

You will recall that when you first sent the child to me, I recommended simple exercises which could easily have been supervised by the mother, tonic baths, careful feeding, weekly weighing, and removal of the adenoids. When the child reached the age of five I suggested that it be sent to a training school for backward children, and that this school should be selected with great care, meaning thereby that it should be chosen to meet the requirements of this particular case. Instead of following this advice, I am told that the mother employed a kindergarten teacher as a governess. She could

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not have found one less fitted for the kind of work which was required for this child. The fundamental principle of the kindergartner is sympathy. The teacher who is needed for children such as ——, must have intelligence, capacity to exercise discipline, and sufficient insight into character to recognise that though a thing may be done advantageously in one way to-day, it must be done in a different way to-morrow.

My diagnosis of this child's condition is that she is suffering from an agenesis, or lack of development, of the brain. The brain is, as you know, the central and dominant organ of the human economy which presides over the symmetrical functional development of many portions of the body. On the other hand, its growth is favoured or hampered by the state or condition of other fundamental parts of the body, such as the alimentary tract, the circulatory apparatus, and the respiratory system, but the chief avenues of brain development are the sense organs leading to those areas of the brain which preside over the production and regulation of bodily movements. If a child cannot see, hear, smell, taste, or feel properly, it cannot acquire an adequate control of the movements of its body. On the other hand, if there is some obstruction to motor expression or externalisation which prevents the child from walking, running, from using the arms and hands dexter-

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ously, from moving the lips, tongue, and larynx co-ordinately, there is bound to be retardation in the development of its sense perception which will retard the growth of the intellectual process and which will show itself especially in disorder of attention.

You will observe that I appear to be going from the confines of medicine into the fields of education. My justification is the fact, that it is through education that neurology and psychiatry are bound to produce their best results. This child is not feeble-minded in the sense that there exists a congenital mental defect based upon an irremediable brain lesion. In other words, she should not be put in the category of idiotic children, although from superficial observation she may be deemed feeble-minded. It is only from the skilled diagnostician, who is acquainted with cases presenting psychological aspects similar to this child's, that we can expect a diagnosis which will differentiate between inherent irremediable brain defects and those deficiencies which are the result of obstruction and deprivation.

A skill similar to that which the internist acquires from long experience with diseases, and which permits him to say that such a case will recover with appropriate treatment and such a case will not, is what is demanded of the physician who essays to interpret and to treat the kind of case that we are considering. We are

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beginning to recognise that, when the general vitality falls below a certain line, many states of mental and nervous exhaustion result from the most trivial causes. That which immediately precipitates this fall is oftentimes comparatively unimportant. It is always the last straw that breaks the camel's back, but taking off this straw or indeed taking off the entire load will not cure the camel. The balance of the nervous system, once upset, is regained but slowly, and no item of the patient's economy is too slight to be disregarded.

The same thing is true in the case of these children. They are not feeble-minded, but they are psychasthenic in the narrow sense of the word. When we examine their mental and physical characteristics, we can find no one thing that adequately explains their deficiencies. Many children have larger adenoids than this child and yet their capacity for articulation is good. Still, this child may remain unable to articulate until her adenoids are removed. In the same way an ordinary child, possessing very little capacity for attention, may learn easily without much time spent on physical exercises. This child has very defective powers of attention, inadequate control over the movements of her limbs and organs of articulation, and she will not be able to make mental progress until her attention has been first strengthened through the training of her motor powers. This can be ac-

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complished by physical exercises, singing, articulation drill, and in other ways which will suggest themselves to the skilful trainer.

In other words, to develop this child's mind successfully, it is necessary that there should be a close co-operation of the physician and the pedagogue. The child must be under constant medical supervision, if the foundation for successful mental training is to be established and maintained. The adenoids should be removed immediately. This will enable the child to breathe through the nostrils and keep the mouth closed, and in time it will change the idiotic expression of the face. You should carefully supervise her diet, which should consist of easily digested and highly nutritious foods. Tonic baths should be given daily. She should sleep in a well ventilated, but not too cold room, and should sleep alone. It is important that she should get the full measure of sleep. The trainer will naturally see that the child has a proper amount of rest during the day. If it is possible to procure satisfactory massage, it should be given daily. This should be applied not only to the limbs, but to the neck and spine. If there is any constipation, which I believe exists, this should be overcome by the selection of appropriate food and through abdominal massage, rather than through resort to medication.

The educational treatment should be conducted by some skilled psychologist who has de-

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voted his attention to this kind of work, and it should be carried out in such a way that the child is called upon to exert the best measure of energy which it possesses and still avoid overstrain and fatigue. I do not profess to have had such training myself, and I am therefore going to ask Professor Witmer, of the University of Pennsylvania, to examine this case with me. I shall advise that his interpretation of the pedagogical side of the case be accepted, and that his suggestions regarding the training of the child be carried out.

My own experience has been that children such as this one should be taken away from home and placed in a training school where there are a few similar children. You say that the mother is not willing to have the child go to such a school, and we shall therefore have to send a trainer to her. Under the circumstances, the trainer will have to display as much diplomacy and tact in dealing with the mother as in training the child. Usually these children lack discipline of mind and conduct. They have been humoured because of their defect, and they have not failed to take advantage of it. They are allowed to do pretty much as they please. In this case, I learn that the child is docile, obedient, and of almost too exemplary conduct. We have no reason, therefore, to look for active resistance. This will considerably lighten the task of gaining control over the child's mental capa-

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bilities. Discipline of mind is somewhat more difficult to obtain than discipline of external action.

These children show a lack of discipline through their inability to give attention to what the mother or trainer may desire them to do, through inability to do things repeatedly, whereby they become automatic, and through inability to become insensitive to distracting occurrences around them, or through complete absorption in their own meagre train of thought. To give proper mental discipline and at the same time to gain the obedience and affection of the child, is an important part of the work of the trainer. She must exact that obedience which "makes slaves of men and of the human frame a mechanised automaton," for it is such a transformation that we wish her to induce. The child must recognise the trainer as the dominant influence of her life. There must be no questioning of what she does, nor of the wisdom or legitimacy of her demands. Complete, implicit, absolute obedience is her due. The child must be rendered as incapable of offering passive resistance, as she is unable to think of making active resistance.

The trainer must appreciate that she is dealing with an individual and not a class. She must know that while there are certain general principles which apply to the education of these children, it is nevertheless the insight into the

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particular needs of the moment that affords her the best opportunity. She must realise that what may be done to-day with benefit, cannot be done to-morrow; that the child may be kept at an allotted task for fifteen minutes on one occasion, when under other circumstances three minutes may suffice to bring on injurious fatigue. The capacity of the child must be carefully measured, and the trainer must appreciate that this capacity is a variable quantity. She must also have a definite idea of what is the next most favourable step of progress for the child to take, and the best mode of inducing the child to make it. We cannot expect the trainer to have a comprehension of the physiology of the nervous system, but it is not too much to ask that she shall know the physiological mechanism of movements of all sorts. She should attempt to apply to the individual needs of her charge the best that is known concerning the physiological and mental antecedents and concomitants of all purposive movements.

In work of this kind, it is always necessary to resort to some form of physical education. This is not only beneficial to the body, but it is absolutely essential for the training of the powers of attention. All physical and mental exercises intended to train the attention and the will should be given by the trainer herself, and no part of them—it matters not how simple or elementary, or how often repeated they may be

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—should be delegated to others or to the child itself. To execute a movement exactly requires a definite mental image of the movement which it is desired to imitate, and a considerable exercise of the power of attention. It is extremely important in the beginning that some movement should be selected which the child can easily carry out at command. From a few simple movements of this sort, the trainer should then proceed to new and more complicated movements. It is from relatively simple movements, performed with precision and at command, that the most successful mental discipline may be expected.

In addition to these simple movements of precision, there should be others that are performed more freely and rather by way of amusement. These include many rhythmical exercises, which I hope will eventually overcome the incoordinate movements. Some forms of play, in which the child may happen to be interested, should be encouraged, and used as a basis for further development; that is to say, her play should be cultivated to reach progressively higher levels. In this class come such movements as are involved, for example, in cutting out paper figures with a pair of scissors. This will not only amuse and rest the child, but will also tend to steady the movements of the upper extremities and will play an important part in training visual attention. The cutting out of

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various objects may also be employed as a means of training the child's imagination, or used as a medium for imparting information.

In these general considerations I can only point to the necessity of having the work stand in some definite relation to the child's mental and physical status. Thus, every child needs co-ordinate physical exercises, but this child is marked out especially as having an inco-ordinate gait; the movements of her arms are excessive, and the articulation is very imperfect. The natural thought is to control these movements and perfect her articulation. Consequently we should select activities which not only develop will-power and train the attention, but also improve co-ordination of the limbs and organs of articulation,—that is to say, the child should first be taught to walk, then to run, to hop, skip, jump, and dance; then with the hands, to catch a ball, to throw, to use chalk, to hold a pencil, and, finally, to write; with the organs of articulation, first to open and shut the mouth, to move the tongue to and fro, up and down, to breathe properly, to gain voluntary control over the breathing process in association with the emission of vocal sounds, and, finally, to take the proper positions for perfect articulation. If the child is musical the task is going to be a much easier one, and it should be early determined whether she is responsive to melody, rhythm, and pitch, and has a good singing voice.

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Most children like to dress up and make believe. I have heard through a member of the family that this child has a great interest in dressing herself in fancy clothes and pretending she is some other person. This is a natural inclination, which the trainer will undoubtedly utilise. She will teach the child how to play better, and through her natural interest in "make believe," she may get the child interested in stories, drama, or opera, and from this lead her on to an interest in acting, declamation, in people and events in the world about her, and in history.

I cannot lay too much stress upon the importance of a continual appeal to the child's aptitudes and interests. A special aptitude for any one thing, as, for instance, singing, supplies a great lever. These children need encouragement. Here is a girl of eight years of age, who all her life long has found herself unable to do the things which ordinary children of her own age accomplish with ease. She has found herself completely out of the running. To bring her into competition with ordinary children necessitates her passing through a lengthy, tedious, and often discouraging course of training. The inspiring influence of having one medium of expression, wherein she excels other children, may serve to lighten the task immensely. It should be taken hold of immediately, as a means of development, for it

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will give her confidence and self-respect, and stimulate her ambition.

You are doubtless desirous of knowing the amount of progress that this child may be expected to make as the result of training. Considering her present condition, you will probably suspect me of excessive hopefulness and optimism when I inform you that I see no reason why this girl should not be developed into an entirely normal young woman. By that I do not mean to imply that when she reaches the age of eighteen she will have the robust health of mind and body that will enable her to commit the many indiscretions in the direction of over-eating, late hours, and excessive exercise which so many young women to-day permit themselves during the period of adolescence. She will probably always have to be careful to avoid excess of any kind. Apart from this, I believe that in conversational abilties, in ripeness of intellect, in accomplishments, and in physical appearance, she will be indistinguishable from her associates. The most difficult factor to combat is the choreic movements. These undoubtedly can be made to disappear in the legs, and with more difficulty in the arms and face. It is my belief that skilful training will enable this child to learn how to control these forced movements. The training must have due regard for the sensory as well as the motor side. What we observe are the involuntary movements.

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What we cannot observe, but what is probably nevertheless existent, is a feebleness or weakness of sensations received from these movements. If the trainer will carefully attend to the development of the perception of the sensations received from these automatic movements, she will lay the foundation for inhibitory control. The capacity of the child to gain this inhibition will depend to some extent upon her intelligence. The more intelligent the child is, and intelligence will be developed as a result of training, the more confidently I should expect these movements to be overcome at an early period. I see no reason for believing that there is any mental enfeeblement present. We must therefore regard her at the present time as having a normal intelligence, which is unable to manifest itself owing to the many physical difficulties with which she is burdened. Open the avenues of the intellect, and we shall probably find her possessed of normal intellectual capacities. Given these, it is my belief that in from three to five years these movements will practically disappear, to recur from time to time only at moments of excessive fatigue or unusual emotional excitement. They will disappear first from the lower limbs, then from the face. The most difficult to control will probably be the movements of the arms, but such control must be gained in order that the child may write properly.

A very favourable prognosis of intellectual de-

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velopment can be given. The child is young enough to respond instinctively and imitatively to the suggestions of the trainer. By a skilful appeal to whatever special mental qualities may appear, there can be little doubt that her mind will year by year reveal unexpected capabilities. The mother, I understand, asks at the present time little more than that the child shall be able to go through the ordinary daily actions, like eating and walking, without exciting undue notice among her friends. A great deal more than this can be done for her. In my experience it is much more common to unearth unusual mental capacity than it is to find these children more seriously limited than was at first supposed.

The development naturally will be slow. In the first month a great deal will probably be accomplished. This will give rise to exalted hopes, but the first year will perhaps be spent in doing little more than making permanent such progress as was indicated in the first month's work. The home environment always increases the difficulty for the trainer. I should estimate that this child's progress would be doubled if she were trained away from the influences of the home. Even handicapped by the home environment I believe that at the end of three years we shall find this girl practically normal, and with very positive indications of her future possibilities as a woman. I am, of course, assuming that we shall have in this work the en-

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tire co-operation of the family in carrying out the medical treatment, in making necessary changes in climate, and in following out the suggestions of the trainer. If we do not have this, we shall, of course, fall short of my expectations. My prognosis is based upon what can be accomplished under the most favourable conditions.

Yours sincerely,

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VI

Depression

I know of no disorder which gets such unsympathetic treatment as depression occurring in young persons. In the vast majority of instances, it is the beginning of a serious mental disorder whose course could be profoundly influenced, and possibly terminated if it were properly interpreted. Usually it is looked upon as moodiness or the blues, or "hysterics," or some self-inflicted state, and the poor unfortunate is held responsible.

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From a Mother whose Daughter is Depressed

Yonkers, N. Y., Feb. 15, 1907.

Dear Doctor:

Some years ago, I took my eldest daughter to the —— Clinic to see you. You explained the nature of her illness, and told me that she would regain her health in about six months. She got well and has remained well since. I wish now to consult you about my youngest daughter. This girl is twenty-seven years old, and like her sister a stenographer. She has been a conscientious, hard-working girl, faithful to her employers, by whom she has been very much appreciated, and devoted to her parents, whom she has supported. She was of a lively disposition, rather fond of company, and not much given to moods. She scarcely ever insisted upon having her own way when it was in serious opposition to that of any other member of the family. Until toward the end of last summer she was apparently in good health. Then she began to develop the symptoms which are now continuous and overwhelming. At that time none of us had any suspicion that they indicated the beginning of a trouble such as her

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sister had, but now there is little doubt, I fear, that it is something of the same nature. Although her condition does not seem as serious as her sister's was, I can see that it is growing worse. I have been begging her to go to see you, hoping that you will be able to tell her what to do to get well.

When she went away for a holiday last summer, she was tired, pale, and somewhat depressed. She was gone four weeks, and on her return she complained that the vacation had done her no good and that she could not go back to work. At times in her conversation she hinted that she was a failure, but I did not appreciate then what she meant.

She returned to her position and so far as I know she has done her work to the satisfaction of her employers. She says, however, that she does it badly. She takes dictation from a member of the firm who is not thoroughly competent in English. Formerly she could interpret his meaning so well that, when the finished letter was handed to him the diction flattered him. Now she says that not only is it impossible to do this, but she makes many mistakes herself, and it takes her twice as long to do her work as it did before. She attempts to explain this incompetency by saying that she is being punished because she looked upon business not as a life-work but merely as a make-shift until she should get married. She is convinced that, if

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she had undertaken it seriously, confidence would not have deserted her. She has the idea also that she is a social failure, that no one cares for her, that she is not essential to any one, that her personality is not agreeable, and that the other employees in the office are down on her. She observes that they go out in pairs, that one awaits the other in order that they may go home together, that a number plan to spend Saturday afternoon or Sunday with one another, but that no one asks her, or awaits her, or solicits her society. She says that they do not like her, that they avoid her, that they talk depreciatingly about her, and she is sure that they are aware of her present inefficiency.

When she comes home in the evening, she throws herself down on the lounge and often has to be coaxed to take her dinner. She will not participate in any way in the little occurrences and gossip of family life, nor are we able to persuade her to go out to meet people. Sometimes she will go for a walk with her sister, but she will not go to the theatre, to church, or to any social gathering. She believes that every one knows she is a failure. Alone with her sister or with myself she will talk unendingly of her lost confidence in her social ability and of her failure in business. Her sister, who sleeps with her, says she awakens very early, and several times she has told her that the thought of doing away with herself has come

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into her head. She gets up at six o'clock every morning, but lately it takes her so long to dress that she is scarcely ever ready on time. This is unlike her, as she was always quick and alert. Moreover, she is losing flesh, and shows in her appearance and her actions that she is not well. She talks to me constantly about the uselessness of it, meaning the struggle to go on now that she is a social and business failure. It is absurd to keep going to business, she says, because every day she is getting more incapable, and it is only a question of a short time before they will ask her to give it up, so it is preferable to leave now. It is an effort for her to do the work which formerly she did easily, and it takes her so much longer to do it that it exhausts her. Even the thought of it overwhelms her. She says her thoughts are very slow and sometimes will not come at all. Once or twice recently she has remarked that every one would be much better off if she were dead.

About two years ago she was receiving attentions from a young man and we believed she would marry him. But last spring when she began to be run down she gave him up because he was uncongenial. At first, I thought her depression might have been caused by this, but it seems to have made no impression upon her and she never mentions him. In fact, one of the things that is most mysterious to me about this change that has come over her is that she

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does n't seem to care for any one or anything the way she used to do. This troubles her, too, and she blames herself for not feeling the same toward us as she did. She has been going to different doctors all the fall and winter. Some say her blood is thin, others say she has nervous prostration. I don't need a doctor to tell me that she is growing worse, but I don't know what to do for her. I have tried to persuade her to go to you, but she is afraid that you will find that there is something the matter with her mind.

Whatever you advise I shall try to carry out. If you think it is necessary to see her first, please let me know.

I hope she is not going to be afflicted in the way her sister was. Perhaps you will recall that her sister's illness began apparently in worry over the condition of her nose, which she insisted was red and swollen, but which did not seem to us to be very different from what it had always been. Being an extremely sensitive girl, she got the idea that everybody remarked this change in her personal appearance. In addition to her work as a stenographer, she had been studying music and had an ambition to become a public singer. After you saw her, the depression became so profound that she tried suicide on several occasions, once by attempting to jump from the window, and at other times by turning on the gas. These acts were always

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accompanied by great mental excitement and followed by a sullen, moody state. She took no interest in anything, would not dress or bathe herself, and made all sorts of self-accusations and queer statements. She had done something which she could neither define nor explain, but for which she must suffer. The swelling of her nose and the eruption on her face was punishment for some act which she had committed but which she could not describe. She begged me to put her in the cellar where no one could see her. At other times, she would implore me to deny that she was my daughter. She would say: "You have four other girls and don't need me; make a servant out of me. I am no use to any one. I should think you would all want me out of the way." When I was at home she would not say very much, but whenever I went out she would talk in this way to her sisters by the hour. We could not get her to do anything or to discuss anything or to look forward to anything.

About four months after we saw you, she went out with me one day for a walk. We had a little store then and my husband asked me to leave a package at a certain house, the address being given in her presence. When we came near the house she said, "That is the number, that is the house over there." This was the first occasion on which she had evinced an interest in anything for a long time. After walking

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some distance, we stopped to look at some pictures in a shop window. One picture, which particularly attracted her attention, was that of a bird, standing near a basket with a baby in it and four little girls around the basket, looking into it. She said to me: "Do you know what that is, mother? That is a stork; he has brought the baby." We then looked at a picture of Niagara and I asked her what she thought of it, and I remember she said it did not impress her very much, but she would like to see it. This was the first time she expressed a wish. One night soon after this my other daughter brought some work home and asked this girl if she would help her with it, as she was in a great hurry to finish it. She did not say anything, but the next day she got up early and began to work upon it, and from that time she improved steadily, and in a month or so was able to go back to her work. Although she is peculiar and difficult to live with, on account of frequent outbreaks of temper, she has never had anything the matter with her since then. I thought you would be interested to hear of this girl before advising me of the one we are now worried about. The girl who is ill at present thinks the friction that we have had at home with her sister probably had something to do with causing her own breakdown.

Respectfully yours,

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NEW YORK, February 16, 1907.

MY DEAR MADAM:

I shall be very glad to see your daughter any day that you choose to bring her to me. You have given such a clear and explicit account of her illness that I am able to judge of its nature and of its probable outcome, more particularly as you have been thoughtful enough to tell me in some detail of your other daughter, whom I treated a number of years ago.

The disease that your daughter has is of the mind. If I were to say to you that it may properly be called a mild form of insanity, you might be alarmed and terror-stricken. You know, however, from experience with your eldest daughter, that one may have a well-marked insanity and recover. Therefore, you are not so likely to be frightened as some one who has had no experience. Moreover, I am sure that you are not one of those foolish persons who have a latent or well-defined belief that insanity is a demoniacal possession, or something in the nature of a disgrace. Disease is not a thing to be proud of, though this is at times difficult to believe when you hear persons describing and discussing their symptoms in public. Disease

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of the mind is an admission of infirmity, but not more so than disease of the body, and there is no reason why we should be more ashamed of it, or more careful to conceal it.

The technical name which we physicians give to the disease which your daughter has is manic depressive insanity. I hasten to add that it is a very mild form of the disease, and that it will probably not progress so far as to produce mental derangement, using these words now in the conventional sense.

It is only during the past few years that we have been interpreting aright patients such as your daughter. Many of them are still called cases of depressed neurasthenia, and are supposed to have some mysterious connection with the specific sex functions. One of the signal contributions made to mental science in the closing years of the nineteenth century was the recognition of a mental disease whose symptoms displayed themselves in one instance by exaltation, excitement, and delirium and in another by depression, negation, and retardation. Formerly we classified them as mania and melancholia. Now we know that they are one and the same disease, which displays itself at one time by symptoms of exaltation, at another by depression. Another thing that we have learned is that the victim of this disease usually gets well, even though it cannot be said that the disease is wholly eradicated.

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The most important type of this form of mental disorder is that from which your daughter suffers. She is what some would call a borderland case, but, to my mind, she is a typical case slightly developed, the kind which puts the physician on his mettle to prevent further development. It is this type of which the institution physician knows little, because he rarely sees such patients in this stage. You have described the symptoms of the disorder so thoroughly that I shall not dwell upon them, but one feature that you emphasise interests me very much. It is the disparity between her employers' estimate of her work and her own. I have taken the trouble to inquire and I have learned that she does her work very well. They value her services and they maintain they could not easily fill her place.

One of the earliest symptoms in the sufferers from this disorder is what might be called a morbid sensitiveness, or fear, that they are not doing their work well or satisfactorily. Another is, that persons with whom they come in close contact, such as their fellow employees, recognise their unworthiness and hold aloof from them, excluding them from any participation in their amusements or confidences. Often these delusions antedate for a long period the lack of initiation and the slowness of mental and physical action, which we physicians call psychomotor retardation. It is during this

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period that such unfortunate sufferers are often misunderstood. They are thought to be suffering from overwork, vapours, anæmia, or "a kind of malaria." When in addition there develop delusions of profound unworthiness which run the gamut from self-accusation of indescribable sins, to the bartering of their souls, a suspicion is aroused that the matter is very serious. In reality it is in instances such as the two that you have unfortunately experienced in your own family that the recognition of the true nature of the disease is so important.

Fortunately the appropriate treatment for your daughter can be carried out at home. The first thing that I wish to impress upon you is that you must be kind, tactful, frank, truthful, and patient with her. You must realise that she is ill, that the dearth of ideas which oppresses her really exists, and that the absence of spontaneous activity which she displays is genuine.

Unless you have some insight into her condition, you are not the best person to help her recover. It is absurd for you to urge her to shake off her apathy, to pull herself together, or to tell her that she imagines that she is worse than she really is, or that she should amuse herself, and so on. She has no more capacity to amuse herself, or to be amused, than she has power of resolution, or the ability to make decisions and abide by them. The mistake is so often made of dragging sufferers like your daughter to a

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theatre, or other alleged place of amusement, of sending them to Europe or to Atlantic City, of taking them to visit friends or relatives, that I must warn you specifically not to try any of these methods.

I advise you to ask her employers to give her a vacation of two or three months. During this time try to increase her weight by fifteen to twenty pounds. To do this you should keep her in bed about two thirds of the time, the remainder in the open air. If your house has a verandah, put a couch upon it and let her lie there during the day. Surfeit her with milk and eggs, at least two quarts of the former to which a half pint of cream has been added, and a dozen or more of the latter. Don't bother her with solid food, though if she asks for it let her have it. Get her to take some exercise each day, say a walk of two or three miles, and before she starts on this walk have her strip, and douse her with cold water from a dipper, or slap her briskly with the end of a towel taken dripping from cold water. See that she has an adequate action of the bowels each day, and if she gets "bilious" give her ten grains of gray powder in the evening, followed by an aperient in the morning. From your letter I infer that she does not suffer from insomnia. This is most fortunate, as sleeplessness is often a most rebellious symptom. Don't try to interest her or amuse her. Help her to get well and she will

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do the rest. Like the poet, such patients thrive on tranquil solitude and such society as is quiet, wise, and good. You have had an excellent lesson in this respect from your other daughter. Take care of her as solicitously as if she had typhoid fever, and she will soon be well.

I am writing to Dr. —— of your city asking him to go and see her occasionally and also to encourage you to carry out these simple directions. When she gets well, keep her well. I am ready to show you how to accomplish this at any time.

Yours sincerely,

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VII

Hysteria

This chapter, dealing with hysteria in a young man may be interesting for more than one reason. Hysteria is a common complaint. Almost every one has met with cases of it. Many have either suffered themselves or have had under observation members of their family who have been victims. Little is known concerning it by laymen at the present time; the condition is being subjected to dissection and dismemberment at the hands of members of the medical profession itself. At one time hysteria was regarded as an affection peculiar to women, and the old-time doctor looked upon its manifestations as feigned, or as the untoward workings of an emotional woman's mind. The man who complained of like symptoms or sensations met with cold contempt. It was felt that he must be of a feminine nature or he would not be infringing upon what was deemed a woman's weakness and prerogative. This point of view is now a thing of the past. Many men are more or less hysterical. It is now acknowledged to be a definite disease or derangement which is amenable to rational treatment.

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Hysteria in a Young Man

Toronto, December 2, 1907.

Dear Doctor:

My wife's cousin is a doctor in New York. Some time ago I wrote to him and described my case, and he advised me to consult you. My occupation, that of buyer for a clothing house, takes me to your city twice a year, and I should like to call upon you the next time I go, if, after reading the following description of my sickness, you think you can cure me.

I am thirty years old, and have been married for three years. My present complaint is numbness of the tongue, pricking sensation in the left side of the face, bad taste, sense of suffocation, throbbing sensation in the left ear, and occasional headache. These symptoms sometimes come very frequently and last for a few minutes. In addition, I have shooting pains in the left side of the head and occasionally a queer feeling of heat in different parts of my head. These are the symptoms which are generally present, but in addition to them I have very queer attacks.

The first attack occurred the 12th of April,

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1902. I was at home talking to my mother. I had a sensation as if I were very cold. This lasted a few minutes, then I experienced a twitching in the back of the neck and a throbbing, fluttering sensation in the throat, as if an alarm clock were going off there. Then my tongue began to tremble, or rather to stick out and draw back rapidly, and my head to twitch and jerk violently to the left, as if I were having a convulsion. I ran into the next room and lay upon the floor. Soon I felt pain over my heart and went into a faint. I don't know how long it lasted. I did not completely lose consciousness, but I recall that I was very nervous and shaky for some time after.

A week later I had another attack. Altogether, I have had three of these attacks, the last one a few days ago. I was lying on the couch, when suddenly I called my wife, and said: "See my face, how it is twitching!" She tells me that my face and left eye were turned to the left. My left hand twitched, and my breathing became irregular and spasmodic. This lasted about twenty minutes, during which time I could not see, hear, or articulate. I could only mumble, although I knew perfectly well what I wanted to say. I did not lose consciousness, and I knew what was going on all the time.

So far as I know, the only cause to which I can attribute the first attack was fright. One

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week before it occurred, I went at the request of a friend, to visit his daughter, who was confined in an asylum in Rochester. As soon as I came into her presence she rushed at me, as I thought, to attack me, but I found out later that she wanted only to kiss me. Soon afterward I experienced a sensation which started from the stomach and went to the throat, and then to the left side of the face and head. When she rushed at me, I had a sensation in the lower part of my spine as if it were being forcibly opened, then a queer, crawling feeling in my back, and finally I became cold and nauseated. I could not get out fast enough, and when I reached home I took some whiskey, but I could not sleep, neither that night nor for several nights. I thought she was always behind me. My stomach was upset and I had a terrible feeling of excitement. I remember now that I once had an attack somewhat similar to this one. I had gone to visit my father, who was working in Rochester. I was talking to him, when suddenly I felt a sensation in the throat as if I were choking, and I was seized with the fear that I was going to die. I ran into the yard, and some one gave me whiskey. I drank it and felt relieved. I remember now that I had a terrible sensation of pressure on my chest.

I forgot to say that in July I had an experience which may have had something to do with

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bringing on my first attack. I had gone off with a party on an excursion, and we were sitting down to enjoy the refreshments. Some one said to me, "What will you have?" and I said, "I'll have some raspberries." One of the girls said, "Your face looks as red as a raspberry." I immediately became chilly, and had these peculiar sensations in the throat, the significance of which at that time I did not know, although since then I have had them so often that I have become accustomed to them. After that I felt very queer and weak.

An attack comes on about as follows: I feel as if something started to draw in my throat, then comes a sensation as if I were going to vomit or belch gas. The tongue begins to shake and harden up on one side like a cramp. It continues to work harder until I get frightened and excited, and it keeps on working faster until the blood goes to my head, and my face becomes flushed as if from shame. Then I stand up and say to myself, "What is going to happen? I only hope it will soon be over." Then my hands begin to go; I can see and hear, but soon these faculties leave me, and when I get down on the floor I cannot tell whether it is dark or light. It seems that when I look at a certain thing, I see it perhaps for a second, then it passes away, and I lie down. I never lose consciousness until I fall into a deep sleep. During the first attack I had a pain in the heart, and lower down

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—a feeling as if something were going to break or burst.

The most curious thing about these attacks is that they have some relation to dreams. I have had about twelve dreams of them. I dream that I am at my work and that something comes up behind me which frightens me—never two people, always one person or a dog. Then I am aware that this twitching on the side begins, the dog or person still following me. Then I awaken. Sometimes when I go to bed I am in an excited state and I get these suffocation sensations perhaps a dozen or twenty times before I fall asleep. When sleep comes I begin to dream, and in these dreams it seems that I am walking on the street or that I am in a street car and consumed with fear. I am always in fear, and as I walk farther I meet a person or a dog and they frighten me, and during this fright I begin to get cold just the same as I do in the attacks. I get very excited, my face begins to twitch to one side, my head goes over, and I lie down on the floor or on the ground, and my hand begins to work up and down, also my head. Then I awake, but soon fall into a deep sleep. Also about my tongue—I have dreamt several times that I am losing my tongue, and that food, or something I have in my hands, gets between my teeth. There is no pain, but it seems very peculiar, and rather difficult to describe. It seems as if a mouthful of

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meat had got between my teeth. I take hold of it and pull it out, and the more I pull the more I get, and then I awaken all excited, nervous, and irritable. I feel sometimes that the hair of my head stands right up straight, and I have a numbness, like a creeping sensation of the scalp. I have also dreamt that I have been in the same house where I had my first attack. I sometimes dream of people who are in that house, and it makes me feel very bad. I begin to get this peculiar feeling, which starts from the stomach, and gradually goes up to the throat like a ball—but sometimes I overcome it, I do not always go into a convulsion. Then I dream that I have a convulsion and that people are talking to me on this subject. When I awaken there is nobody around me—I am in bed all the time. I also dream at times that I am suffocating. I sometimes suffocate so that I think I am going around like a wheel for about three or four seconds. This is about all I can say of the dreams. But the tongue—I have often dreamt that I was pulling something off my tongue like flesh—often!

The only thing I know about my family history is that my father, when he was twenty-two years old, had a convulsion of some sort. He was sitting on a chair and fell off, and does not remember anything that happened just before or for some time after. I have one sister, who, when eighteen years of age, was sent to

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a sanatorium for a period of two months—she was like in a mild attack of mania. She has since been well and working. They say that when I was a child I used to have fainting spells whenever any one looked at me. For instance, my mother says that, when I was going to school, if any one looked at me on the street I would faint. Then they would put something over my face, and I would be all right again. That was in Europe, and I don't remember anything about it.

For a week preceding the last attack, I was said to be very irritable and discontented. Nothing seemed to please or satisfy me. After an attack, I feel nervous, frightened, and agitated. I have consulted a great many good physicians, as well as any one who I was told might help me. Will you please let me know what you think is the trouble with me and what chance I have of getting better. I shall do my best to follow out any treatment you may prescribe.

Very truly yours,

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NEW YORK, December 6, 1907.

DEAR SIR:

I have read the account of your illness which you sent me a few days ago. You are suffering from hysteria, and your chances of recovery depend upon what you mean by recovery. If you mean, will you be able to rid yourself of the attacks which you describe, I think I can say to you that you will succeed. If you mean, can you divorce yourself entirely from the nervous instability of which your symptoms are manifestations then I think the question cannot be answered in the affirmative.

I know of no more difficult task for the physician than to attempt to describe to a lay person of average intelligence and education what is meant by hysteria. There is less agreement among physicians as to what hysteria means than upon any other subject. By some it is used to indicate emotional instability and the possession of symptoms which are feigned, both of which could be overcome by the patient if he exerted his will-power. This view is not taken by the laity alone—it is held even by some physicians. On the other hand, hysteria is used by some as a term of opprobrium, and a person

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is said to have hysterics in the same way that he is said to be an anarchist, or a free silverite, or a Mormon.

In former days "hysteria" was thought to occur only in females, and it was supposed to flow in some mysterious way from disorder of the reproductive organs. Such ideas have long since given way to the belief that it is a disorder occurring in persons who have inherited an unstable nervous organisation, and particularly in those persons who are "suggestible," and who have been exposed to some emotional or mental shock, such as fright. In other words, the term "hysteria" is being used to denote disorder of personality. We know its manifestations just as we know the manifestations of personality, but the constitution of personality is difficult to define.

We may be very familiar with a thing, and still be unable to define it—electricity, for instance. We know its properties, its manifestations, capacities, at least in part, but just what it is we do not know. We are in much the same position with regard to hysteria. There are few diseases which have been more thoroughly studied, and not many whose features are more readily recognised. An eminent French physician, Laségue, said many years ago that a definition of hysteria had never been given, and never would be. Despite the fact that many have tried to define it, and that some have

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claimed to be successful, the statement of Laségue still remains true.

To-day, the most generally accepted view of hysteria is that it is a special mental state—call it disease if you like—due to cerebral insufficiency. This inadequacy manifests itself in so many ways that the resulting symptoms are almost innumerable, and they may parallel those of any disease. It is customary to classify such symptoms into those that exist more or less constantly, perhaps without the patient's knowledge, and which are known as the stigmata of the disease, and those that occur occasionally and which are often transitory. The latter come on abruptly, and apparently with great severity, as in your own case. They are generally described as an "attack." The stigmata, however, are by no means permanent, and they are wanting in the majority of instances.

In your case, for instance, the symptoms of the "attack" are what concern you most, and it is from these you seek relief. If a physician should examine you between the attacks, he would probably find certain symptoms which he would interpret as hall-marks of the disease. What I want to impress upon you is that the disorder from which you suffer exists between the attacks as well as during them, even though the feature of the disease which alarms and concerns you most are the attacks. Therefore any treatment

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prescribed for you must take into consideration your state of health at all times.

It is impossible to outline for you in a letter the treatment you should have in order to relieve you of the distressing and incapacitating symptoms of your disorder. The one essential thing for you to do is to place yourself in the care of a physician who is familiar with the disorder hysteria, and who is willing to give as much time as is necessary to determine the cause of your attacks. I believe that he will have very little difficulty in tracing them to fright, for the history you have given of such occurrences in your infancy, as well as of the one that manifested itself when you visited your friend in the asylum, are obviously in causal relationship to your attacks. Appropriate investigation will reveal that there have been other frights which you have perhaps forgotten, and which are particularly associated with a dog. The memories of these frights must be reawakened and revivified, and when they are brought before the tribunal of your consciousness you must convince yourself that they have been but harmless incidents in your life, or, at least, that they have done you no greater harm than that which you have already experienced. It is only the lingering memory of these remote experiences, now out of the circle of the thought-procedure that constitutes your consciousness, or daily mind, which tortures you

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both in your sleeping and in your waking moments.

Naturally, it is quite impossible for you to do this sort of thing by yourself. In reality, the application of it constitutes what is called psychotherapy. If you are a reader of the daily papers you have undoubtedly often seen this word in print during the past year or two. The art of psychotherapy has been one of the important assets of the physicians since the pre-Hippocratic period; the science of it is now being constructed. To work successfully in the field of psychotherapy, one must have a knowledge of psychology, psychiatry, and physiology.

I think that if you will put yourself in the care of a physician whom I will recommend and who has had adequate experience in the treatment of disorders such as yours, and if you will follow implicitly the instructions he gives you, relying entirely upon what he says relative to the outcome of your disease, you will soon be free from "attacks."

Yours very sincerely,

———.

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VIII

The Moderate Drinker

It is now well established that certain narcotics induce or produce disease. Opium and alcohol—to mention those in commonest use—are both classed in this category. As regards alcohol, certain reservations are still made, and it may be that the ultimate verdict as to its destructiveness has not yet been rendered.

Discussion as to the degree of its harmfulness has raged for many years, but, unfortunately, argument regarding alcohol seems to bring about an incoherence of the reasoning faculties, which may not unfairly be likened to the confusion of mind produced by the excessive consumption of the spirit itself. One can easily understand that the ordinary individual, relatively ignorant of science, will assert his opinions with prejudice and fanaticism; but it is with astonishment one discovers as great diversity of views as to the effects of alcohol among scientists and members of the medical profession as among the general population. The war rages with especial bitterness around the question of the effects of alcohol taken in small quantities. Scientific men, even of the first rank, display as great lack of restraint in discussing this phase of the

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matter, as do the most partisan disputants on both sides of the question.

Whatever may be said by extremists, it is still a moot-point as to whether alcohol in small quantities is injurious. Moderate drinkers are constantly met with in society, who seem to do their duties and conduct their business with as much ability and success as total abstainers. A large number of people, including a considerable portion, although a minority, of the medical profession, contend that even small amounts of alcohol are injurious, and in support of their contention point to statistics gathered from various sources bearing on the subject.

The truth is, that while large quantities of alcohol are injurious to all men, they are less injurious to some than to others, and that while small quantities, are injurious to some men, they are not injurious to most men. Statistics and figures are freely brought forward by controversialists on both sides to prove their own and to shatter their opponents' arguments, and it is amusing to observe how certain statistics will be cited and dismissed as unreliable, by opponents of the views which these figures seem to substantiate. The great scientific advocate of total abstinence in England, Sir Victor Horsley, threw doubt on all the statistics collected by scientists on the other side and said they must assuredly all be taken "cum grano salis." One is reminded in this connection of the saying of a grim, pawky old Scotch humourist, a professor of Glasgow University, to the effect that "statistics, like sausages, depend a great deal upon the old woman who made them."

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A large amount of capital has been made by the extreme temperance reformers out of the statement, so frequently made by alienists, that alcohol is, to a great extent, responsible for the prevalence of insanity in all civilised countries. The fact, however, appears to be lost sight of that in Great Britain, for instance, according to statistics, insanity has increased in recent years by leaps and bounds, while *pari passu* drinking has decreased!

There can be no defence of drinking to excess. On the other hand, no conclusive proofs have been adduced to show that strictly moderate drinking is harmful in any high degree. The reply to the letter dealing with the question of moderate drinking points out that men of demonstrated talent and imagination, and even of genius, have drunk, some of them generously. Nevertheless, they have done magnificent work, each has built for himself *monumentum aere perennius,* and some of them have lived to green old age. Who can say that they would have accomplished better work and lived to a still more patriarchal age had they been total abstainers? All that can be justly stated on the subject of taking alcohol in small quantities is that no definite proof is yet forthcoming that it is as dangerous to health as its opponents assert.

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The Case of the Moderate Drinker

My Dear Doctor:—I am bewildered. A few weeks ago I read in the paper an interview with one of your profession which set forth that alcohol in any form is not only injurious to the consumer, but that it entails disaster of some kind upon his descendants. A few days later I read in a magazine an elaborate article, by a physician, in which it was stated that alcohol is injurious even when taken most temperately, and that such use of it, even though not habitual, causes dreadful diseases, cruelly and effectively handicaps the drinker in the struggle for livelihood, stultifies his efforts, undermines his moral sense, accentuates his weaknesses, exaggerates his limitations, debases his character, curtails his effectiveness as a member of society, dwarfs him in his resemblance to his Creator, and unfits him for the honour in which he takes most pride, that of reproducing his kind. In brief, such indulgence emasculates him physically, mentally, and potentially.

Yesterday I read a symposium on the subject in the Sunday *Planet*. From this I gather that there is no unanimity of opinion on the part of

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authoritative writers, but that the preponderance of evidence shows that the temperate and non-habitual use of mild alcoholic beverages is not injurious to one's mind, morals, or descendants. Then I got interested in earnest and I devoted my evenings to scientific journals in which are set forth the results of deliberately planned and carefully conducted experimentation by physiologists and psychologists. My present bewilderment is the result.

I really have no idea what to advise my own son, who has just entered the Law School of —— University, or what to do myself in regard to taking stimulant. Ever since we were in college together, I have taken, as you very well know, a small quantity of one wine or another with my dinner, and occasionally I have taken spirits. As far as I know, I am not dependent upon alcohol—that is, I could get along without it, just as I could get along with a smaller house, or one less servant, or one overcoat, but I prefer not to do any of these things and thereby cramp my comfort. It would add a little friction to my life which I choose to avoid, and so long as my conduct in these respects does not encroach upon the rights or joys of others, why should I change it? Now, that is just my position about taking stimulants as I take them, and this is the point of view which I have tried to give my children.

When Roger went to Concord to school, I told

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him the assurance that he would not touch intoxicants before he graduated from college would give his mother more happiness than anything in this world, and also that I was convinced that if he would so abstain, not only would he not regret it, but that later in life when he had to assume the responsibility of steering the ship of life for others, he would hold this action one of his most valued possessions. I have every reason to believe that he did not know the taste of beer, wine, or spirits until this summer, when he took it at our table, and with the entire approbation of his mother and myself.

There is no more temptation for young fellows to drink in dear old —— than there was when we were there twenty-five years ago, and were it otherwise, I hope Roger would still have exercised the same self-control. Now it is an entirely different matter. He has reached the age of decision and discretion. He is beginning to associate with young men who will be his peers and competitors in his chosen profession. The impression that he makes upon them now will endure throughout life. It is similar to that which he will make upon others with whom he comes in contact when he goes out into the world to win his way. I want him to be virile and poised as much as I want him to be courteous and modest. I don't want him to be thought a mollycoddle or to develop any trace of sanctimoniousness. A young man who is a total ab-

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stainer is to my mind a marked figure. When I encounter one such, unconsciously I register a judgment that he is either a reformer or a weakling. As I have a prejudice against the one and a pity for the other, no doubt I often commit an injustice and cut myself off from a desirable intimacy. I want to spare my boy such criticism and such injustice.

But here is the crux of the matter. If this boy's health and usefulness and most obvious purpose in life are to be shattered, impaired, and negatived by temperate consumption of those fluids that contribute to comfort, well-being, and good fellowship, I should like to know it, for I feel that I am under pressing obligations to impart this information to him in the most convincing manner. Moreover, if it is so, my own conduct is most reprehensible. In the first place, I wish to avoid any such conditions as Stephen Phillips depicts in the question,

> "Why is my body then so weak?
> Why do I falter in the race
> And flag behind this mighty pace?
> Why is my strength so quickly flown?"

and secondly, I am not keen on laying up for myself countless nights of pain and days of misery. So far as my drinking impairs my mental efficiency or encroaches upon my capacity to discharge my duty to the community, I don't need counsel. The use of alcohol may "dimin-

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ish the intellectual functions by dulling the creative faculty, impairing judgment, vitiating the correctness of perceptions, and by generating timidity," as one of your *confrères* recently stated in print, but until he or some one else proves it, I choose not to believe it; in the same way I choose not to believe that Mars is inhabited by man, that disease does not exist, or that there are more than five senses. I may not be the best judge, but I am an adequate judge, and I don't concede that a scientific investigator or solicitous neighbour has any right or justification to concern himself about these matters. If my conduct or mode of life entails pain or penalty upon others, even though they are remote from me or my time, I want to know it, that I may compensate or indemnify, and give earnest of my regret so far as it is still within my power to do so. Therefore I turn to you, dear old friend and fellow-playmate, for orientation. I think I deprecate the curse of alcohol as much as any one, and I appreciate what is meant when it is referred to as the bane of humanity. I know your views on this aspect of the subject and I am not asking you to reiterate them. What I want is a plain statement of the effects of the moderate use of alcohol upon the average adult. You may assume that I know that what is moderate for one man is excessive for another, that one man's meat is another man's poison; that we can do with im-

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punity at twenty that which would be recklessness at fifty, etc. The one thing that I ask you not to assume is that I believe any statement of a zealot when not supported by positive proof. Statistics in the hands of total abstainers are, in my judgment, not necessarily appropriate material for the deduction of facts.

Yours affectionately,

———.

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DEAR PAUL:

I could answer your letter very briefly. There are no real facts founded on scientific investigation to show that the habitual use of alcohol in small quantities is dangerous to the adult consumer, or perilous to his descendants. I judge, however, that you do not want dogma, therefore I am going to reply to it in some detail and you can draw your own conclusions. You know what metabolism is, I have no doubt. It is the equivalent of all the chemical processes that go on in the human body. Metabolism is life—anything that interferes with metabolism interferes with life. When taken beyond a certain amount, alcohol interferes with metabolism; therefore it becomes all-important to know approximately what the amount is.

The best advice at present would seem to be that furnished by Prof. Abel of Johns Hopkins University. The limit per day that is physiologically permissible is from two-thirds to three-quarters of an ounce of absolute alcohol; that is, one-half pint of champagne, one and one-half ounces of whiskey, or two to three glasses of beer. This is less than one-half the amount

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which has usually been considered safe for an adult to take in twenty-four hours.

I maintain that the question "Is alcohol a food?" is not germane to our discussion, even though so much is made of it and even though it permits the brilliant rejoinder, that if it is it is a poisoned food. Let us grant that it is a poison. Is that any reason why we should not take it, if our intellect justifies us in so doing? We do not hesitate to use strychnine and arsenic and mercury day after day for months and years although they are poisonous. The question is, Can they be utilised to the advantage of the individual or of those who come into relationship with him?

I do not recall that any amount of energy has been expended in endeavouring to find out if tobacco is a food; or if theatre-going is an aliment, or if listening to music increases our oxidation. The question is, Does indulgence in one or all of them make life more worth living? Its non-injuriousness being assured, there is rather a general unanimity of belief on the part of those who have had experience, that temperate indulgence in the cup that cheers and likewise inebriates, contributes materially to the joy of living, smooths many rough places, cheers many despairing minds, and brings respite to many sorrowing souls. It likewise lightens the burden of many painfully prosaic and commonplace experiences, such as residence in the sub-

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urbs and commuting to the city, discharging domestics, moving day, etc. Nor do I gather from your letter that you wish to know from me whether or not alcohol is a real stimulant. You know, as well as I do, that it causes the individual who takes it to feel stimulated. Whether or not it is a physiological stimulant in the strict sense of the term remains to be determined; it certainly deadens fear, dispels apprehensiveness, and puts to flight morbid thoughts. It therefore displays itself in the garb of stimulation. That the majority of physicians think it is a real stimulant is amply indicated by the reports of practically all the hospitals in Christendom, in which the expenditure for alcohol is a very considerable item.

"Alcohol has no place in the economy of nature," says one recent fanatical writer. If it is not one of Nature's economies to contribute to the happiness and well-being of her most advanced product, she is a spendthrift stepmother. "Alcohol stamps out initiation and interferes with creative thought," says another; but because von Helmholtz could not think so effectively or so creatively after he had taken small quantities of alcohol, it does not follow that Smith or Jones cannot; in fact, both you and I know many of the Smith and Jones family who never have creative thoughts except after they have taken alcoholic stimulant.

It is probable that no one questions the fact

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that the intemperate use of alcohol is directly and indirectly a potent cause of insanity, imbecility, and illegitimacy, any more than one doubts that mankind would be vastly improved physically, mentally, and morally if alcohol were taken out of the world. To satisfy the appetite for food is commendable and salutary, but to eat like a beast of the forest until capacity is taxed, is fraught with danger to health and morality.

Scrupulosity and veracity are excellent qualities, but morbid scrupulosity and the New England conscience are the Scylla and Charybdis upon which many a fine character has foundered in its endeavour to get from a landlocked harbour to the open sea and plain sailing.

It means nothing to me, and I have no doubt it is equally meaningless to you, to be told that out of 25,000 idiots, imbeciles, and epileptics in the Bicêtre Hospital in Paris, 41 per cent. were of drunken parents, save that 51 per cent. of them had parents that were total abstainers! So much the worse for them. Moral: Don't be a total abstainer. Of course this is *reductio ad absurdum* with a vengeance. Any one who amounts to anything cannot be frightened into abstaining from alcohol. There are no real incontestable facts to show that the so-called idiopathic nervous and mental disorders are caused by parental alcoholism. Furthermore, I do not believe that anything is to be gained from sta-

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tistics as they have been collected in the past. "Alcohol is a potent factor in the causation of nervous and mental diseases," is a statement that is frequently encountered in medical and lay writings. But aside from one nervous disease, multiple neuritis, and two or three well-defined varieties of insanity, there is not the slightest demonstrable evidence that such a statement is true. The same may be said of most, possibly all, of the organic diseases attributed to alcohol, such as arteriosclerosis, cirrhosis of the liver, diabetes, gout, obesity, etc. It is quite as easy to prove by statistics that chronic alcoholism has nothing to do with the causation of arteriosclerosis, as that it is one of the commonest causes of it. I don't want you to think that I base this statement entirely on my own experience or research. I refer you to the article by Cabot.

I believe with Kraepelin and his pupils that alcohol in small quantities for a considerable length of time diminishes all forms of mental activity, but sometimes it is a very desirable thing to diminish mental activity. It is always diminished in reverie, oftentimes in meditation, two of the pleasurable experiences which man alone is supposed to enjoy. But just because ten hours of sleep is welcome once a fortnight or year, it does not follow that it would be desirable and beneficial to have it every night.

Zealous advocates of total abstinence have

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recently tried to make propaganda out of this work of Kraepelin's, for it is based upon laboratory tests and accurate measurements. Alcohol kills the creative faculty, they say, then they commemorate Poe and seriously debate whether he or Hawthorne shall be called the premier of American letters. It impairs judgment, they say, yet the man of this country upon whose judgment time is conspicuously setting the seal of approbation, took alcohol temperately, and at times, it is said, intemperately. "It vitiates the correctness of perception and generates timidity," but the greatest general of the Civil War didn't display any particular incorrectness of perception or timidity. If I were to make a list of all the great writers, creators, or thinkers of the past or the present, who used alcohol habitually, you wouldn't notice any conspicuous absentees the first few times you read it. Would Burns have written more soulful lyrics if he had been a teetotaler, would Charles Lamb's memory loom up more imperishably, or would Oliver Goldsmith's niche be above Shelley's if he had not consumed more ardent spirits than the latter?

How absurd it all is! To declare yourself an advocate of total abstinence, and to endeavour to convert persons to your views by intimidation, is to publish yourself a crank and a fanatic. Most well-balanced persons are eager to learn what may contribute to their prosperity and

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well-being, and on being told, they alter their conduct accordingly.

Health and happiness fulfil the desires of the average individual. The former often exists without the latter, but a considerable degree of health is necessary to the average individual if he is to be happy. Hence the necessity of avoiding those experiences which rob us of it. That alcohol does so when taken in excess, and particularly when taken steadily, is universally admitted, but that it does so when taken temperately and at irregular intervals most competent judges deny. No one has a better opportunity than the physician of witnessing the baneful, pernicious, and injurious effects of alcohol, and probably few physicians maintain that the use of alcohol except on special occasions is beneficial to health. The physician's work soon teaches him to recognise limitations, and to see things as they are. Consumption of alcohol is well-nigh universal, and from time immemorial, whenever man has had the chance, he has had recourse to it as an adjuvant to every pleasurable indulgence and undertaking; and this condition of affairs is not going to cease under the influence of fanatical cries from the housetops about the injuries that temperate consumers are doing themselves. The way to bring about reform is by education, not by fright. The teachings of the past concerning hell retarded the progress of the Christian re-

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ligion, and nowadays, as a deterring factor to immorality it is not considered very effective even by the most orthodox. We can't intimidate pleasure-loving man by threatening him with possibilities of pain. We can reason with him, however, and if our reasoning is sound, we can convince him. In other words, we can educate him. It is generally conceded that the plastic period of youth is the time when education is most easily acquired. My belief is that Roger needs only to be apprised of the dangers flowing out of the abuse of alcohol, and he will protect himself. Certain it is that if he does n't contract the habit of becoming dependent upon alcohol for any purpose, emotional or physical, during the next ten years, he won't contract it at all.

As for yourself, you don't need advice, but I have great pleasure in referring you for encouragement in your conduct to one Quintus Horatius Flaccus, who shared with me the intimacy of your youth, and whose lines,

> "Ille potens sui
> Lætusque deget," etc.,

I have often heard you quote, even in the days when you were not so conspicuously adorned with the "mens æqua" as you are now. In Ode XXI. you will find him thus apostrophising his wine cask:

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"You lend a gentle stimulus to minds 't is hard to stir, you reveal by cheering wine the cares and secrets of the wise; to minds perplexed you hope restore, and to the poor man give both strength and power, for after you he fears not threatening crests of angry kings nor soldiers' arms."

Devotedly yours,

———.

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IX

Ennui

Whoever, seeking happiness, makes a toil of pleasure never reaches the sought-for goal. Happiness comes unasked and cannot be compelled. One reason why the comparatively poor are generally so much more contented than the rich, is that the very fact of possession destroys most of the pleasure in a desired object. Those who have not, are eager and work for the thing they imagine they want, and the very energy they put forth in striving for the coveted object acts as a healthy stimulus to life. They are never sated by possession because they never get all, or nearly all, they desire. Work is an excellent vaccine against the virus of ennui.

The writer of the letter which follows is a type of the rich woman who has everything she thinks she wants, who has become satiated with luxury and novelty, and is bored and discontented with the weariness of an indolent, purposeless existence. She has lost, or has overlaid with selfishness, her capacity for keen enjoyment, and cannot take an interest in her family or in the ordinary affairs of life. Perhaps her bringing up was wrong, for the precocity of children in this country, tolerated when not encouraged by parents, does not tend to a

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healthy after-life, mentally or physically. Perhaps, as she herself says, she married too young. Certainly she never recognised the duties and responsibilities of motherhood. Assuredly she was so much spoiled, indulged, and flattered, that she lost all true sense of proportion.

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"L'ennui est le tombeau de tous les sentiments."

NEW YORK, January 7, 1909.

MY DEAR DOCTOR:—Somewhere I have read that an autobiography is the more valuable in proportion to the amount of misrepresentation it contains. If that is true, the contribution which I propose to make is of very little value. I want to give you some account of my life with the hope that you may be able to explain why the light has gone out of it. I have no irresistible longing for confidential expansion; in writing to you I am moved chiefly by a sense of duty to myself. I feel also that confession is good for the soul, and I have heard or read that we get from others, if we are able to accept and to assimiliate it, something which we never obtain by our own efforts. I recall once going to hear a popular, rather unconventional clergyman, and being struck by the yearning, expectant look in the faces of many of the congregation —"The desire of the moth for the star." Perhaps they were not ready for the message, perhaps he did not have one to give, but I still remember the blankness on many of those faces when the sermon was over.

Your profession may have no message for me,

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or if it has, I may not be capable of interpreting it. I don't know just how to begin to tell you about myself. I have a morbid appetite for happiness, for pleasure, and yet the world has become to me a scene of misery. I married at eighteen a young man a few years my senior and of somewhat better social position; at least, his family had been wealthy for several generations, while mine were in straitened circumstances. I first met him at a little dance given by one of my schoolmates in the Christmas holidays of my last year at school. I was a very pretty girl and was considered unusually bright by my schoolmates. I was very much interested in music, in poetry, in art, in philosophy, and particularly fond of the mystic philosophers. To be perfectly frank with you, I think my interest in these things was superficial. Perhaps I thought them rather decorative, like an attractive environment, and felt that they gave me a mysterious charm. No doubt, in those days I took myself rather seriously. When, in addition to these attractions, I added that of being engaged to one of the best "partis" in our set, my head, in the eyes of my companions, was encircled with a romantic halo. I fancy adulation and admiration have been necessary to me from my earliest years. I married before I was nineteen years old, and our son was born before I was twenty. He is now twenty-three, and my forty-third birthday is not far off.

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In the second year of my marriage, I plunged into the whirl of social life. The novelty of it was the more entrancing because of my simple bringing up. I was flattered and admired, and I enjoyed myself from morning until night. My husband apparently was always willing and pleased to share my social engagements and pleasures, but in reality he is what is called domestic. He has never seriously tried to keep me from doing anything I really wished to do, and fortunately he is not jealous. I must add that he has never had cause to be. Although fond of admiration, the idea of a *grande passion* never appealed to me; it is not so much that it would offend my morals as my fastidiousness. A certain gleam in the eyes of a would-be lover gives me a feeling of nausea, and I am quite sure that if I gave a man any rights over me it would not be long before I hated the sight of him.

My husband, in whom the paternal instinct, it seems to me, is abnormally developed, has wished for more children. At first I kept putting off the evil day until I should have more time or more inclination for the trial and trouble. The truth of the matter is that with the birth of my son I missed that growth of the soul which Balzac described so convincingly and so charmingly. It must have been that I was too young to bear a child or was not properly apprised of the dignity and sacredness of

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the obligation. Possibly immaturity explains my conduct. I remember once when my boy was dangerously ill I worked myself up into a sort of frenzy of anxiety. In the midst of it I caught sight of myself in the mirror, saw how grotesque my grief had made me look, and instantly set about repairing the damage. Would I have done this if I had really loved him?

My son went to a preparatory school when he was ten years old, then to a finishing school, and finally to college, so that I scarcely had a chance to become intimate with him, and now, when I begin to feel a pride in his worth and attainments—for every one thinks him clever and able—he is about to marry a girl whom I scarcely know, and I am afraid that I shall count for little in his life or in hers. Meanwhile, in spite of his essential goodness, I am beginning to find my husband's society excessively distasteful, and the commonplaces of domestic life, the visits to and from the family, the little round of duties, and the monotonous recurrence of meals, insupportable. Indeed, the vapidness of my life at home gets more and more on my nerves every day. The truth is, my husband's point of view is not in harmony with mine. What he talks about fails to appeal to me; all his aims and ambitions seem so petty—I had almost said sordid. Nervous and sensitive as I am to discordant sounds, do you wonder that

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when he comes clumsily or noisily into the room and sings, or whistles or yawns, I feel as if I should scream? In addition, I am not well. I have aches and pains all over my body. I often wake at dawn and fail to sleep again, and I am unable to digest my food.

For many years I had a new fad every winter, clog-dancing, playing the zither, private theatricals, tableaux vivants, raising dogs, bridge, riding to hounds, modelling in clay, a class in Italian—anything and everything, but now I feel too tired, too ill to make the necessary effort. Other interests also have palled on me. My friends no longer interest me; they seem so self-centred, and their conversation bores me. It is also beginning to dawn upon me that my society is no longer so attractive to them. Formerly I was able, if you can understand what I mean, to get possession of people, to exert a magnetic attraction, and for a time they would see with my eyes and hear with my ears; but this ascendency did not last very long. It was obviously a part of my vitality. I wonder if you will understand me when I say I lived always in a state of expectancy that some one would come upon the scene more attractive than the devotee of the moment, or that something would turn up more exciting than anything I had yet experienced. My husband often says to me, "What more do you want than you have—a luxurious home in winter, a veritable summer

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palace, motors, horses, trained servants, all the money you care to spend, every wish gratified? Why are you discontented, unhappy, ill?" Why, indeed?

People still appeal to me, but they do not enthrall me, and secretly I have a contempt for them in their readiness to bow the knee to convention and tradition. I am sure that the atmosphere in which I live is unfavourable to the development of my soul; in truth, I have the greatest difficulty in finding any one who shares my inclination for the esoteric and the symbolic, and I hunger for the society of one to whom symbolism in religion, art, and life means what it does to me. If I could meet a person like Walter Pater I feel that I should be understood, and that the spiritual communion which would exist between us would entail happiness. Formerly, I was very fond of music, but it no longer thrills me, nor can I feel the old exultation when I see beautiful pictures. I have no desire to travel. Having spent much time abroad, the pleasures of fashionable resorts have palled upon me. Saddest of all, my looking-glass tells me that I am beginning to fade; the corners of my mouth droop, and even I can see that my expression is peevish and discontented. My rest at night is so much broken that I awaken in the morning unrefreshed in mind and body, weighted with the leaden anticipation of another day.

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I think that my present condition is due rather to misfortune than to any great lack in my own nature. In the past, before this state of worry and helplessness set in, I often felt exalted impulses toward the good and the beautiful. It is true that religion as generally understood has made no appeal to me; but a beautiful sunset, a strain of music, a line of poetry, would put me at peace with all the world. How often at such times have I felt that it would be entirely possible to relinquish my luxurious life and devote myself to the performance of some noble duty, such as caring for the sick, the poor, and unfortunate! Many times have I planned to do so. It must be that my husband has not given me encouragement; that my spiritual growth has been stultified by his limitations and his altruistic Lilliputianism. I am sure that if he had co-operated with me to develop the finer parts of my character, I would not now be left "naked to my enemies."

I wish it were possible for me to become a Roman Catholic. The warmth of their ceremonial attracts me; and their cathedrals, their services, appeal to the symbolism of my soul. I sometimes think that if I were to join that Church it might awaken dormant sentiments and satisfy my heart and mind, which are so inadequately nourished.

For the past two or three years I have grown increasingly nervous and irritable, and I have

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had much advice and treatment from doctors. At present I am being urged to consult a Russian hypnotist in Paris. Perhaps you have heard that he accompanied Mrs. —— when she returned to this country last year. He is the same man, I think, who has been over here to treat Mrs. —— for headache. My husband thinks that I should go back to Aix, as the doctor there said that it was absolutely necessary for me to go back every year for five years before the treatment which he gave me would cure me, but Aix bores me to death, and the sight of King George annoys me nearly as much as that of my husband. The truth is that no one pleases me; it all seems so empty and dreary. My life is not over at forty-three, is it? If it is not, it is rapidly becoming an unsupportable burden. Is nervous prostration staring me in the face, or am I threatened with insanity?

I must tell you that recently I have often thought I was going mad. I have been unable to control my thoughts. I have felt a sensation of hopelessness and insecurity which no one can understand who has not experienced it, a feeling of being utterly anchorless, bereft of what I suppose you call will-power.

If you can give me any encouragement, or if you can show me the way out of this wilderness, you will earn my everlasting gratitude.

Sincerely yours,

———.

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"Travaillons sans raisonner, c' est le seul moyen de rendre la vie supportable."—VOLTAIRE.

NEW YORK, June, 1, 1908.

MY DEAR MADAM:—You mistake ennui for disease. You are in search of happiness, not health. In fact, your quest is the same now that it has always been, only now you have come to a time of life when the outside world is beginning to lose interest in you and when your vitality is not quite so dominant as it was. Certain ancient philosophers taught that the great secret of life consisted in placing our happiness in things which depend upon ourselves and not upon things which are at the mercy of circumstance. If I may judge from your letter, you certainly have not followed the teachings of these philosophers. Your life has been one of self-indulgence and lack of discipline. The only canon to which you have conformed your conduct is, "Do I want it?" You never asked, "What will the possession of this bring me? How shall I profit from this? How will others profit?" You have not known and you have not sought to learn if the gratification

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of your desires and the yielding to your requests involved sacrifice upon the part of your husband or of your family.

You apparently believed that happiness was to be found by increasing your wants and by endeavouring to satisfy them, whereas in reality happiness is found by restricting one's wants. The great thing is to learn early the secret of renunciation. To get personally as much satisfaction as possible out of life and so to direct our conduct and activities that it will also be easier and surer for others to get it, should be the chief object of our existence. We should seek happiness in active life devoted to some absorbing work, or in endeavouring to develop those emotions or intellectual tastes which are the fruit of the proper cultivation of our capacities and our endowments. But what have you done? You have rushed without ceasing, and now you are at a loss to understand why you are weary of the life that you have led, and fearful of the prospect that confronts you.

Have you ever, not as an academic inquirer or philosopher, but as a mere average woman, asked yourself the object and aim of life? If you have, you have probably reached the conclusion arrived at by the majority of us, that the object and aim of life is happiness. That, in reality, is what you are in search of now.

The relationship between the disease of our era, ennui, and dissatisfaction with life, or un-

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happiness, is not hard to find. It has been said that strenuousness is our national characteristic, but the disease has been mistaken for the remedial measure. We appear strenuous, but it is only our great effort to escape boredom. We are fearful lest we should have a few minutes or hours during which we may be obliged to think. We flee from abstraction as we flee from the plague. We in this country are so new to the game of life as it exists, and we are so hampered by the bonds of convention, that we cannot play it from the point of view of the Hedonist. It bores us to live in the country. It bores us to dine at home. It bores us to restrict ourselves to our family circle. Reading for pleasure scarcely exists. Conversation as an art has perished as completely as the art of the Etruscans, and for table talk we must turn to Coleridge, Sidney Smith, or Emerson. Such a scene as that depicted recently by Dickinson in *A Modern Symposium* would be no more possible in this country than a discussion of *Phædo* at a fashionable dinner-party.

You see, I am endeavouring to point out to you that you are not entirely to blame for the state of desolation in which you find yourself. You cannot be wholly absolved, however, for I think much of your unhappiness can be traced to your voluntary and deliberate act of omission in failing to plan your life during those twenty years of your early maturity when the construc-

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tive capacity is at its height, and at the present time in not cultivating those dispositions and tendencies which contribute to happiness. As Amiel says: "Vieillir est plus difficile que mourir, par la raison que renoncer une fois et en bloc à un bien coûte moins que d'en renouveler le sacrifice tous les jours et en détail."

It is at your age that, in nearly every country save ours, woman reaches the maturity of her charm and the height of her attractiveness. A sympathetic comprehension of persons and of life gives her an experience from which radiates that indefinite something that fascinates and enthralls. Instead of being conscious of this power, you are overwhelmed with your helplessness and have no gratitude for the past, no hope for the future.

Can you not look back on your life and see why it is that you have failed to develop that equanimity and peace of mind which constitute the philosophy of late maturity? You will probably find that you have sought happiness from without, rather than from within, and that such search is bound to be futile.

There are certain physical conditions which are essential to happiness, and of these that which we call health, or an approximation to health, is the most important; but

> "Thy body at its best,
> How far can that project
> Thy soul on its lone way?"

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Nearly everyone, I presume, has known some one, usually a woman, who, despite semi-invalidism, has been self-sacrificing, courageous, resigned, cheerful, and magnanimous, a radiator of joy and good-will, who found ill-health quite consistent with happiness.

History abounds with examples, such as Symonds and Stevenson, which show that a capacity to receive, to interpret, and to give pleasure, therefore to be happy, is not at all inconsistent with ill-health. In your own case, judging from the account you have given me, it would appear that you have had exceptionally good health.

Just in proportion as the principles governing the causation of disease are discovered, and deductions drawn therefrom are established, so has the second great physiological epoch in woman's life, as an adequate exciting cause of disease of any kind, been relegated to the background. Not very long ago it was taught that nervous and mental disorders of various kinds were particularly liable to occur at this period of involution. Even to-day this belief is widespread among the intelligent laity, and such teaching is handed down from generation to generation in much the same way as was the poetry and legend of ancient Greece. In reality, aside from slight disturbances of the most conspicuous functions of the sympathetic nervous system, this period is often one of physical

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tranquillity, emotional growth, and intellectual maturation.

I cannot presume to advise you how you shall proceed to find your way out of the thicket into which the pursuit of pleasure has led you. No one can help you but yourself. The way out for you may be indicated; you may be aided to recall truths which no doubt are also platitudes, but the only one who can do anything with your character as it is now formed is yourself. First, you must battle with selfishness. What have you ever done for your family, for the community in which you live, for society, aside from an occasional "giving in" to your husband, or such sacrificial offering as a fancy-dress ball, a musicale, or a check to Salvation Army, rescue mission, or hospital? I venture to say that you have never experienced a thrill from such conduct. Such delightful possession might have been yours had you ever done a truly unselfish act. To bestow something which costs us nothing may benefit the recipient, but not the donor. Have you ever taken any real trouble about your charities? Have you sought out, at the cost of time and labour, any poor family to whom you could be a ministering angel? Have you come to the rescue of the ignorant and erring of your own sex in their hour of direst need? Have you consoled them in their time of trial, and, later on, have you by your unselfish sympathy encouraged them to

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face the world again? Have you ever proved yourself a true helpmate to your husband in any crisis of his business life, and won his gratitude by your loyalty and devotion? Consider how much work there is in this world ready and waiting to be done!

Have you ever taken an interest in any of the questions of the day? There are many crying needs. You might devote some of your time, and all of your energy, to the establishment of a hospital for the treatment of the demi-poor, ill with so-called "functional" nervous diseases and the curable mental diseases. America well deserves the opprobrium of being the one great nation which makes no provision for those unfortunates who are apparently not sick and who are therefore excluded from all hospitals, but who in reality suffer infinitely more than those who have bodily ills. Such cases call for a much more elaborate and intricate therapy than typhoid fever, pneumonia, or broken bones.

Had you the slightest wish to protest against the enactment of a law to prevent humane vivisection, when it was read before the Legislative Committee last year in Albany? You know, I have no doubt, that such diseases as diphtheria, hydrophobia, meningitis, and others have been stripped of their malignity, and that those terribly deforming and often fatal diseases, pulsating goitre and myxœdema, now yield to treatment. And if you know this, you know also that this

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epochal advance in therapy is entirely the outcome of experimentation upon animals. Many kindly but misguided people would stop this by the enactment of laws which forbid such experimentation. The very fact that a person of your position had intelligence and interest enough to point out the inconsistency of applauding field sports, in which animals are killed and maimed for amusement, and at the same time making laws which, put into action, would prevent investigations that save the lives of our children, would, I have no doubt, have had weight with the committee that had this matter in hand.

Do you realise that the problem of child labour in the cities of this country, and especially in the large cities, is one that urgently awaits solution? Do you know that earnest men and women, imbued with a spirit of eagerness to discharge their duty to their fellow-beings, are bending every effort to solve this problem, and solve it in such a way that it will not conflict with the principles of economics or of freedom?

Did you by chance see in a Sunday newspaper of recent date the account which one of our most talented operatic singers gave of her early life, and how generously and wholly she gave the credit for the success that had come to her to a kindly woman who not only provided her with the means necessary for the cultivation of her talent, but who encouraged her in the times of her despair and cheered her in the hours of

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her depression? Think of the happiness that woman must have in knowing that she has enormously contributed to the pleasure of thousands of people.

But why enumerate? The more one does, the more one finds to do, and unselfishness is as capable of cultivation as any other quality. Indeed, it is not necessary to recall good deeds or to do good deeds in order to have the sense of happiness or to deserve the "Well done, good and faithful servant." On the contrary, it is quite as possible to have it from thought as from act, but not from introspection, or self-analysis. Indeed, it does not follow the thought of self at all, but of others, living and dead, and of the joy of life of those with whom we come in contact, and of the reputation and achievements of those who have gone before!

You may say that such counsel as I have to offer might have been of assistance had you received it twenty years ago, and you may think that the plastic stage of your life having passed, it is too late for you to avail yourself of it; but I think otherwise. One can do more with one's character at any age than with one's intellect. Read the life of Alfieri, the Italian poet, and see what he did with his character and with his intellect at various ages. You will be astonished and perhaps benefited. Indeed, I am not at all sure that you are not better prepared now, for the message which I have for you, than when

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you were younger, particularly because happiness and contentment and peace of mind mean something different to you now than they did ten or twenty years ago.

While we are young we are continually looking forward to something that will make us supremely happy—"Man never is but always to be blest." Youth is ever impatient for to-morrow, for next summer, for next year. The boy wants to be thought a man and the girl wants to look older. An indefinable something that is pleasurable waits the advent of next year, but when next year comes, anticipation is again projected beyond the moment. The truth is, we may be content, peaceful, pleasantly occupied, but we are never actively happy for more than a moment at a time. Nature is beneficent; the more completely we put ourselves in harmony with her laws, the more satisfaction we obtain. A well-spent youth means a happy old age. Youth is rarely a period of conscious happiness. We read great happiness into it across the valley of retrospection. As a matter of fact, when the stress and strain of life are over, when life's pleasures and responsibilities lessen, and we sit down to wait, unquestioning, we are quite as near to happiness as at any other time. The capacity to enjoy life is not peculiar to any age or either sex; it lies entirely in the individual.

For the sake of argument, let us agree that

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happiness does exist. Can we not also agree that it is nearly independent of circumstances? Some favoured mortals are blessed by a fairy godmother, who bestows on them at their christening the greatest of all gifts, a good disposition, which is really, in a way, what is spoken of in the Bible as Charity. They do not have to struggle their lives through—young, they take all simple, natural pleasures naturally; old, they get pleasure from and live again in the young.

Taught by experience, one realises that this world must be a training school for some unknown sphere, and that whether hereafter we continue to exist as individuals, or whether we only make, by passing through life, an eternal impression, it must all be worth while. There is no real waste in nature; there must be some end and aim to this existence which our finite minds are unable to grasp.

Yours sincerely,

———.

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X

The Repressed Emotional Woman

Happiness seems to depend chiefly upon temperament, somewhat upon environment, and quite a little upon luck. We all know the Mark Tapleys of the world. We also know the square pegs in the round holes, who when given their proper environment, blossom like flowers in suitable soil. Some flowers will prosper in many climates and soils, others in only a few, some in only one. The emotional, highly-strung individual, especially if a woman, needs a certain soil, a particularly sympathetic environment, for her happiness. If her craving for affection, understanding, and companionship is ignored or denied, her emotions, refused a proper outlet, are apt to react on her mentally and physically with injurious results.

Neurologists are often called upon to advise and treat such cases. They can only point out the probable road to health. It remains with the patient to effect the cure.

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No Love Hath She, No Understanding Friend

——, Ohio, May 3, 1907.

My Dear Doctor:—I am very desirous of getting the facts of my case before you in the most telling way. It seems to me that I can do this best by sending you a letter which will contain the important points in my history, and then call upon you after you have had time to read it. To find oneself, thirty-six years old, alone, unattractive, unprovided for, and wholly incapable of earning a livelihood, is not a pleasant prospect, especially when ill-health is added. Many people think I am peculiar, but none of the peculiarities that I manifest are of my own choosing. I would gladly drop them and be like other people I see around me, who are evidently contented and happy.

The nervous exhaustion from which I suffer now, began apparently in my twenty-first year, but I am convinced that it dates back to a humiliating and ignominious experience, a whipping given me by my father when I was nine years old. The thing which hurt me most was that my father, whom I worshipped, should be

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able to strike me. I am sure that the effect would not have been so lasting had I not had a great love for him and had not the whipping been given in anger. As a child, my affections were centred upon my father, an undemonstrative man, who used nothing less severe than criticism as a means of correction. This and the fact that he never gave outward token of affection or approbation, led me to believe, not only that he did not love me, but that he was displeased with me and disappointed that I existed at all.

This brought about a state of mind and feeling which not only made me very unhappy, but developed in me an attitude, a behaviour, which led people to think me peculiar. I felt that if my own father was displeased with me and disappointed in me, others would certainly be so. I repressed myself in every conceivable way, and this included avoiding people. My father never sought to know his children. He never advised, encouraged, or praised. He either ordered or found fault. Criticism and correction were the tools he used in shaping his children's characters. No one knew my state of mind then, and I never spoke of it to any one until many years later.

In my fifteenth year I began the study of painting and for five years I found in this work much happiness and a means of escape from myself. But there was always a craving which

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I felt might be satisfied by some one who loved me, or, perhaps even better, by some one whom I could intensely love. Often in despair of my father's ever understanding me or accepting my overtures of devotion, I would turn to companions of my own sex. Here also I was repulsed. Although some girl would be at first attracted by my admiration, she would very soon become listless and show signs of ennui when in my society and would shortly turn away from me, as though the very strength of my affection exhausted her. The fact of my demands being greatly in excess of her power to supply seemed to excite feelings of resentment, and she would turn to more congenial and less exacting companions.

Is there no one in the world who cares to be deeply loved? Perhaps it is that only deep natures can bear to receive deep devotion, and that the ordinary person, under these circumstances, merely feels disgust and resentment towards those who bring to the surface that which hitherto had been submerged and unsuspected. I cannot understand it at all, but I feel convinced that there is in me some force which, denied a natural outlet, could still be utilised and made productive in some direction.

In my nineteenth year I left home to study art. At this time I experienced a remarkable change. I began to feel confidence in myself. When I returned home, and repressed myself

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no longer, I found people ready to admire and love me. Realising that I was as capable and deserving of admiration as most of the girls of my acquaintance, I felt a bitterness toward my father which I had not before experienced. It is useless to dwell upon this now. I do not think that the hatred which would sometimes overwhelm me ever entirely supplanted my love for him, but it kept me in a state of bitter resentment. I could not understand how it was possible for him to tolerate himself and treat me, a part of himself, as he did. He was apparently unaware that any conflict was going on within me, or that I was unhappy. I made many plans to get away from home, to some atmosphere more favourable to spiritual growth and tranquillity, but I had no one to help me develop them, and it did not occur to any of my family that what they alternately considered wilfulness, eccentricity, and misanthropy could be overcome by going away. Moreover, we were not so situated financially that I could ask to be sent to New York to study. Indeed, I was aware of the sacrifice that had already been made to send me to —— for the year.

My plans to get away were frustrated and my desire for love thwarted by a serious and protracted illness, a disorder of the intestines of a dysenteric nature, which attacked me at this time and which so utterly exhausted me that in two months I was scarcely able to move.

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For almost a year I was miserable and listless, unable to do anything, and very nervous. When the symptoms of this disorder ceased, I began to have headache and backache and entire cessation of a function, which alarmed me very much. I was now in such a state of apprehension that I thought I was losing my mind. I had never read or heard about nervous disease, and as I had indigestion constantly, I believed the trouble was with my stomach. The mental condition, I thought, was the result of being disliked and misunderstood.

I realised that I must get away. I knew my father would not consent to my going to New York, so I did not discuss it with him. I told him I was going, and when he absented himself from home that day I did not even have an opportunity to say good-bye to him. When my mother told him I had gone, his comment was that I had made my bed and could lie in it. I had made some money by selling several pictures, and I borrowed some from a clergyman.

The physician whom I consulted on my arrival here sent me to a nerve specialist, who said I was on the verge of nervous collapse and that I was already suffering from neurasthenia. He told me I should live an outdoor life in the country or go to a sanatorium. As I had just come from the country, and as I had no funds to pay for maintenance in a sanatorium, the only thing I gained from this consultation was

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the knowledge that I had a real disease. I tried to do some work, but inspiration and strength both failed me. For nearly two years I dragged out a miserable existence in hall bedrooms of "respectable" boarding-houses in the vicinity of Stuyvesant Square.

Then I went home, fortified with all the good resolutions that I could command, and convinced that the trouble there must have been of my making or imagining. I was contrite and humble, and filled with a desire for self-effacement. I wanted to go back and make my life harmonise with the life of my father. But my resolutions and my attitude did not long withstand the circumstances existing at home. It soon became obvious that my father's peculiarities had become more accentuated. I shall never understand his injustice to his own children and his over-charitableness toward others. If a difficulty ever arose between his children and other children, he invariably took the ground that his children were in the wrong. Although he never did anything which could possibly contribute to make us what he wished us to be, he expected perfection from us, and was dissatisfied when he failed to get it.

My parents are as dissimilar in temperament as it is possible for two persons of character and understanding to be. As for myself, I inherit those qualities of my father which my mother cannot understand and those of my mother

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which irritate my father. I appreciate my father's sterling qualities. I do not think that there exists a man who is his superior for uprightness of character and love of his fellowmen, so long as they are not his own flesh and blood. He is unusually broad-minded in many respects, and unusually narrow in others. He does not know the meaning of the word imagination, and he is apt to think that what he does not see or understand does not exist. My mother, who considers every one better than herself and never speaks of herself unless forced to do so, has had her personality effaced. In reality, she is a perfect mother so far as an automaton can discharge those duties. She believes that the queer streak in me is due to some experiences she had before I was born. At that time she had the care of her grandmother, who was very old and very ill. When my father would remain away from home until late at night this grandmother would insist that something had happened to him, and she would insist upon it to such purpose that my mother never failed to get apprehensive and frightened. When she spoke to my father about it and asked him to come home earlier, he said she was unreasonable, and continued to remain away.

But whether or not my ill-health is due to some prenatal cause, I know that it exists, and that I am willing to do anything to overcome it. I have been in New York now for about

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five years, supporting myself in part by my own effort and in part through the bounty of friends. My only cheering thought is that I may get well and some day meet a man whom I will love and who will love me. I presume I ought to tell you that when I came back here some five years ago, utterly despondent and overwhelmed with loneliness, I met a man who awakened in me a force, the existence of which I had up to that time been unwilling to recognise and too unhappy to realise. Quickly there developed something within me which made it impossible for me longer to dwell in the valley of despair. Happiness was in full sight, but although he liked me and found pleasure in my society, he did not love me. The strength of my own feeling so overmastered me that it forced me to believe, in spite of reason, that he must care for me. Within a year he married some one else.

Strangely enough, soon after I first knew this man I began to experience a decided change physically and mentally. For the past five years there has been a gradual return of strength, and now, save when I overdo, I am comparatively free from suffering. I cannot do any mental work, and my capacity for painting (what little I had, for I never overestimated my talent) is entirely lost. I have to be extremely careful how I use my little fund of strength or energy, for if I am not always vigilant I suffer. When

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you see me, you will no doubt be astonished that my appearance coincides so little with these confessions, but my appearance is not more deceptive than it is variable.

I am very easily excited and confused, and when tired I often use words incorrectly. Sometimes a fatigue overwhelms me which makes even thinking impossible until after I have slept. This mental helplessness is quickly induced by talking about or listening to what does not interest me. The nervous exhaustion that comes from overtaxing shows itself in emotionability, in painful pressure around the head, a pulling sensation extending from the eyes to the back of the head, in irritability, acute indigestion, and in a lot of other ways which I know you will understand.

I do not think I am what is called morbid, and I have not despaired of getting well, but when I think that the constructive and productive half of my life is gone, do you wonder that I feel disheartened and desolate? I am so eager to do anything that is within my power that words are inadequate to express my willingness. I do not need consolation or encouragement. I need to get strong. I know how to extract the honey from the flower of life, if I can get the strength to stand up to it.

Believe me, with much respect, yours truly,

———.

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DEAR MADAM: What is your desire, then? Is it to apprise me of your condition and state of mind, or is it to be told how to develop sufficient strength to justify you in setting out on your journey to the Hesperides?

You have given me an unusually clear and interesting account of yourself and of the genesis of your Ego, and it is refreshing to get these from a patient instead of a catalogue of symptoms. Your statement that you do not need consolation or encouragement makes it easier also to answer your letter. We physicians spend so much of our time giving both that it becomes as natural to do it as it is to smile on meeting a friend.

An interpretation of your condition is not a difficult matter. Let us suppose that you are by nature sensitive, impressionable, and affectionate, with more of that indefinite quality called temperament than the average woman. The brutal incident that you relate as having occurred in your ninth year and the atmosphere of frigidity and unloveliness in which you spent the formative years of your life are sufficient to have eradicated, or at least dwarfed, every one of those qualities. Instead of doing this, the

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effect of your environment only caused you to throw around yourself a cloak of arrogance and self-sufficiency, in order that it might not be seen how nearly frozen to death you were. For a few years following the period of your physical maturation, your natural clamourings for emotional appeasement, your unconscious bids for affection, were allayed in a vicarious way by the appeal which colour and painting made to you and by the physical labour of acquiring the capacity to use them.

The beating which you received, and upon which you lay such stress as a cause of your ill-health and unhappiness, was probably a thorn in your emotional nature for a long time, but it had, I think, little or no relationship to your present condition. It is said that moral or physical insults incurred at a time of life when it is impossible or inexpedient to resent them, often get stored up in the latent consciousness, and act as a provocative agency of disease long after the memory has lost track of them. I do not think this is so in your case, particularly as it has withstood what we physicians speak of as the therapeutic test; that is, the attributed results of it have not disappeared after it has been brought up into consciousness and fully discussed. It is generally held that symptoms flowing out of such moral insults are most successfully overcome in this way. Such revival of latent memories, and the submission of them

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to careful analysis and logical inquiry, constitute an important feature of so-called psychotherapy, of which one hears so much nowadays. What this experience really did was to humiliate you and to convince you that you were neither loved nor appreciated. Instead of forgetting it, you hammered your iron when it was glowing hot, and you have gone on hammering it ever since.

If you had not been so unfortunate as to develop in your twentieth year the infectious disease you mention, it is probable that you would have entered young womanhood with sufficient physical strength and endurance to have put you in the way of meeting that understanding friend whom you so badly needed. In reality, if you had married in your early maturity, and if with matrimony had come an average amount of felicity and "children with clamouring limbs and little hearts that err," you would not have got into the state in which you are now.

I venture to say to you, without inquiry as to whether or not you are a seeker for liberty in the direction of suffrage, that woman is not a unit; she is only one-half a unit. She may be compared to a house the front of which is built and beautifully finished. Such structure is better than no house at all, but it lacks all the essentials of a comfortable dwelling-place. It needs a roof, it needs care, it needs direction in order to endow it with all the comforts that

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we expect in the home; and your sex, in order to develop those qualities which are essential to happiness, needs completion and direction. "Every wise woman buildeth her house."

There comes to every woman at the time of early maturity, and coincident with it, a functional capacity of certain cells or tissues of the body indicative of her growth and of her power to participate in that most wonderful and inexplicable of phenomena, creation. The secretion of these tissues is essential for the physical and moral development of the individual. Naturally, I am not saying to you that these cells cease to functionate if matrimony is denied the individual, but with matrimony and its entailments comes the completion of the human organism, it matters not what the sex of that organism may be. You may construe this as counsel to marry, and although I am unwilling to take it upon myself to advise you to marry without knowing more about you, I want you to know that it is the lack of adequate and satisfactory mating which I believe to be largely responsible for your condition.

It seems to me that you have a large endowment both of the instinct of family and of the social instinct as well. I should judge from your letter that you come honestly by the former, but the latter does not seem to me particularly evident in your father.

And now I wish to add a few words regarding

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what you think are their inevitable results. The experience that you had five years ago is an indication that your physical and mental health will find prompt restoration if the opportunity comes to you to fulfil your physiological destiny. In the meantime, the more people you come in contact with in your effort to help others, the wider will be your opportunities for fulfilling this destiny.

Sincerely yours,

_____.

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XI

The Dual Personality

Each human being has within himself or herself a dual personality. In some the animal is predominant, in some the spiritual, in some the intellectual, in others the artistic. Personality may be roughly divided into animal and spiritual; one or the other is always more or less predominant. The stronger an individual's passions, the more likely he is or she is to display the manifestations of his animal alter ego. Heredity, bringing-up, and environment, have much to do with a person's conduct in after life. By careful training and constant subduing of worldly interests, the spiritual side may become the only one in evidence. But there are persons constituted as is the woman whose peculiar mental or temperamental make-up is sketched in the following letter. In her case, the capacity for evil seems somewhat stronger than that for good, probably owing to her inborn traits, her education, and her unsuitable surroundings when young. Thus the two personalities are always contending for the mastery; at one time the good, but more often the evil is in the ascendant. This is merely the life-history of every individual, but in this instance the tendency appears in a more accentuated form.

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A is truthful, earnest, honest, generous, just, and deeply religious. X is impish, impulsive, whimsical, humorous, destitute of moral responsibility, bent on harassing A, and willing to go any length to accomplish this end. The ceaseless warring of these two personalities has often brought me to such a state of desolation and despair that death has seemed the only happy solution.

I must have been about seventeen or eighteen when I began to realise that I possessed two distinct personalities. One of the first occurrences which awakened this suspicion was once when I went to a store to buy a book. When I got there I stole it. I had the money in my pocket to pay for it, but X made me steal it in order to taunt A with her depravity. The next day I returned the book and told the proprietor what I had done and that I wished to make restitution. He returned the book to me and asked me to keep it. Apparently this action had a good effect upon me, for I do not recall having deliberately stolen anything of value since.

At this period I was in the high school and during the entire time stood first or second in the class. During my last year a principal came whom X liked to tease and humiliate, so she promptly lowered her standing to the bottom of the class, although A, if she had not been submerged, could easily have kept her place in the class. After graduation A wished to enter col-

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lege, but being without funds and no scholarship being available at the time, it seemed impossible. However, she interested a friend, who presented her case to President ——, and he appointed a meeting with A. When the day came, X would not let A go.

A now took up painting, going to a studio, where her work excited much interest and where she made commendable progress. In the middle of the term, X left. This angered the artist and X was much gratified. A again took heart and began the study of music and voice culture with an excellent teacher. X soon started a flirtation with him and his pupils began to leave him. A then returned to her books and studied at home alone for a year, subsequently passing the teacher's examination for both State and City. She secured a position as substitute teacher for two years, and then as a regular teacher for five years. During four years of this time, A and X were living separate lives. A's interests were in the cottage home with the aged father and crippled mother, in the school of which she was teacher, and in the church and Sunday-school. X one day entered a matrimonial agency and contracted with the proprietor to find a husband for her. She did not intend to marry, she did it for pure mischief. The delight of her life was in tormenting A by writing hundreds of letters to men describing the quiet, honest face of A in

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During that time I got in very good physical condition, and if I had not done many things which met with my absolute disapproval, I should have thought that I was fairly well. Soon after this I accepted the position of missionary of a Sunday-school and kept it for two years, until I was offered the place which I now hold as assistant to the pastor of —— Church, of this city. It is because of circumstances which have arisen here that I am writing you. Something must be done and I do not know what course to take. I am accustomed to being misunderstood, but repetition does not seem to render it any easier to bear. I am used to taking the blame for actions for which I can give no cause. How can I say to the public: "Do not blame me; I am A, not X. I suffer only as a supersensitive woman can suffer at the misdoings of X, but I am powerless to prevent it." Suppose I should offer such an explanation, would I not be thought insane?

When the pastor of this church came to it a few years ago he found a dilapidated building, a small congregation, and no enthusiasm. By hard work he has tripled the membership, he has built a beautiful church, and he has developed a true Christian spirit among his flock. When he asked me to work with him and offered me a small salary, I was delighted to do so, and for two or three months I did my work in a satisfactory manner. I worked with enthusiasm

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and felt that at last I had found my true mission. The spiritual contentment which came to me at that time is one of my pleasantest memories.

It so happened that I knew of the parentage and early life of this clergyman. X knew that there were certain features of it which would humiliate and chagrin him if they were communicated to his parishioners, so she promptly told them. This made a great scandal, which pleased her impish self, hurt the church and the clergyman, and, more than all, caused poor A indescribable suffering. X used her influence against the church and the clergyman in several instances. Many of the members sided with her and it was decided to give me a holiday. When I returned, X was still dominant. During my absence, malicious reports were circulated about me, and on my return I received a cool welcome. I see many persons looking suspiciously at me, and I am sure that when two or more of them gather together I am frequently the topic of conversation. The members all treat me as Christ would not have treated Mary Magdalen, out of whom he cast *seven* devils. People do not understand why I stay. I want to stay, hoping that they may understand, perhaps even help me.

What shall I do? No one but God knows what I am suffering. It seems as if I could not bear it any longer. Is there no comfort, no help for such unfortunates as I? Somewhere I have

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read that dual personality is a disease. I am sure that it is. If you do not treat sufferers like myself, can you tell me if hypnotism would be of any help to me, or can you suggest *anything* that would bring relief from the increasing ascendancy of X?

Believe me, yours sincerely,

———.

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"Every man hath a good angel and a bad angel attending on him in particular all his life long."

BURTON: *Anatomy of Melancholy.*

DEAR MADAM:—Your letter has aroused in me the most sincere sympathy for you. To answer it fully, I should have to write a treatise on life in its relation to mind and conduct. Whether I am able successfully to treat your case or to relieve your sufferings will depend entirely upon yourself. As you very truthfully say, had the opportunity to orient you come years ago the task would have proved less difficult for both of us. Plastic youth is the time to effect change.

One thing I must say to you in the beginning. You come to me for help and you tell of your troubles with much apparent frankness, but in reality you have withheld much, and you have consciously, or half-consciously, tried to place yourself in the best possible light, even though by so doing you have created a wrong impression. In the diagnosis of a case, a physician often reaches his conclusion more from the patient's manner, expression, attitude—more from what is unsaid or only partly said—than from the patient's words. This is especially true of

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the neurologist, for the troubles of the mind are often expressed by physical and unmistakable signs. But, in cases such as yours, the right interpretation of the patient's words is a large part of the physician's problem. Emotional and psychopathic individuals are rarely able to give an accurate and dispassionate account of their ills.

Look back over the years of trouble you have had with X and think whether at times the gentle A has not become a little weary of well-doing and perhaps held out the welcoming hand of fellowship to X, only to regret in bitterness of spirit the consequences of her folly. Has not X at times become ashamed of speaking evil, lying and slandering, and thus paved the way for A to rise triumphantly? You have a dual personality, but that is not a disease, nor yet a crime; we all have a dual personality dating from the days when there were "two people in a garden" and the serpent whispered honeyed words in the ear of our first mother. Eve had her X as well as you; Cain was dominated by his X when he killed Abel; Saul forsook X and turned to A on the road to Damascus and his name was changed to Paul. In after life he taught that the material side of nature should be treated with contempt and that the spiritual side could be made to absorb it entirely. But, as some one has well said, Paul could never have become the vehement and vigorous spiritual

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apostle had he not profited by the passion and vigour of Saul, the persecutor. The greatest encouragement for you is that Paul, who, after years of sacrifice, was still crying, "Oh, wretched man!" found peace at last, and victory. I may remind you, although it may seem beyond the province of the physician to do so, that such saintly souls as Paul won their victory finally by the aid of the Matchless One, who was able to sympathise because he himself was tempted.

The psychological basis for the conflict that goes on within you is undoubtedly the presence of antagonistic instincts which are your birthright. Every one possesses these antagonisms. They do not always conflict with our consciences. Take, for example, the instinct of sociability, which leads the individual to seek society, perhaps to be unhappy in solitude, and, on the other hand, shyness, which leads him to avoid meeting people. This is one of the commonest conflicts. These "ancestral voices prophesying war" are common in even the lower animals. The deer is trapped, for instance, by appealing to his uncontrollable curiosity, which leads him to overcome his pronounced shyness. It is evident that this conflict goes on in every individual, for it is the basis and superstructure of our entire moral education. If we did n't have it, there would be little necessity for a moral code. In milder cases of dual personality without separation of memories, we are merely

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dealing with character tendencies, more or less organised and systematic, which pull in opposite directions. In your own case there is a little more definite organisation of these tendencies, but given the sanity which your letter attests, you should not have much difficulty in orienting yourself.

Dual personality has been a favourite topic with the poet and the novelist. Does not this verse from the pen of one of our minor poets and sanest philosophers describe your predicament?

"Within my earthly temple there's a crowd.
There's one of us that's humble, one that's proud;
There's one that's broken-hearted at his sins
And one that unrepentant sits and grins.
There's one that loves his neighbour as himself
And one that cares for naught but fame and pelf.
From much corroding care would I be free
If once I could determine which is me."

Do you not think that my friend, a man of saintly nature, childlike simplicity, and unalloyed morality, who wrote the following lines, had a dual, a triple, or a quadruple personality?

"What, I say, know you
Of my deep, inward, real, wonderful life?
My wild emprizes, foolishnesses, fears,
Failures, and shames, and all but acted crimes;
My half-mad waking dreams, O, yes, stark mad;
My spiritual comedies, my glooms—

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Unutterable, intense, and without hope;
My secret, true, and unpraised heroisms;
My tragedies—played on the bare soul's stage,
With no eye witnessing but mine, alone—
Great God! not thine, I pray, not thine, not thine!"

GILDER.

In reality, the explanation of your predicament is not a difficult one, though the moral struggle reaches at various times the intensity of a combat. Both A and X are *you;* that is to say, you have in your ego power for good and for evil. You must do that which all your predecessors who have won out have done, namely, nurture the former and starve the latter. You cannot lay unction to your soul for the good deeds of A and lay the blame for all your misdoings on the broad shoulders of X, as though X were a thing outside of you. Your heaven and hell dwell within your own breast, and you must acknowledge clearly and honestly in your mind that X is you and that you are responsible for X. You are ready to admit that A is you; why not X as well?

You cannot resent being misunderstood by others when you do not understand yourself. Knowledge of self is often supposed to be merely a knowledge of our defects and shortcomings, whereas, in reality, it extends infinitely farther and embraces our whole nature. To know oneself in repose is not enough, nor is it enough to know oneself in the past or

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Obviously, it has become a habit of your depraved ego, and so also has affectation, or the desire to be considered what you are not. This is certainly the only possible explanation of your conduct at the matrimonial agency. You wished to be thought not only a modern Juno, but a Daphne and Proserpine as well, when in reality you were only the daughter of an American working man.

If you have been forced to struggle with your native instincts and passions, you have not told me. You have not even hinted at this side of your nature, although I ought certainly to have some knowledge of this conflict if I am to advise you how to deal with it, how to utilise it in moral and social growth. Every one in the world who amounts to anything, it matters not the sphere of life in which his energies have developed, has had materialistic propensities which at times have influenced him, at other times have overwhelmed him, but which he has finally subdued because of the appeal made to him by ideals of conduct.

In reality, what is it that you are seeking? Is it to have a spiritual life entirely and absolutely cut off from the material? If so, sometime when A is in the ascendency, you should take monastic vows and become a member of a community whose life is devoted to the spiritual and ascetic; but if you believe that you would not have been endowed with certain in-

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stincts unless there was a biological need for them and unless they had a definite significance, then you had better conform your conduct so that it will meet with the sanction of the community in which you live, realising at the same time that you have rudimentary impulses which are as natural as the simple reflex impulses of sneezing and coughing.

You ask me finally if there is any help for you in hypnotism. Were I to answer that question categorically, I should say yes. But hypnotism is no mysterious, occult power or force; it is merely suggestion acting in a soil which in one way or another has been rendered more fertile. A careful study of the life of St. Augustine ought to do more for you than hypnotism, or, if you prefer one of your own sex, of St. Theresa. They had dual personalities "with a vengeance," and X had the whip-hand a considerable portion of their lives. In reality, you have the same power to mould your life to your own will as they had, if you but see the necessity of it; that is, if you have the requisite motive. Self-control and patience will be your best medicines, and as surely as you have the sincere wish to conquer, so surely will the victory be yours. To live down the effect of the actions of X will be an effort, but take heart and do not be discouraged.

Do not sit with folded hands, moaning or sulking over the difficulties to be overcome, or

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lamenting lost opportunities. Fight the battle valorously and you will find, month by month, that X will become more feeble as A becomes more dominant and insistent.

Let me hear of you soon again and let me hear of victories won.

Yours sincerely,

———.

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XII

The Idle Well-to-do Young Man

In an earlier letter the case of the idle rich woman was discussed and it was shown that her frivolous, aimless existence brought its own punishment, that of an ennui so aggravated that it amounted to an absolute distaste for life. The subject of the next letter is the idle, purposeless well-to-do man. In this case he is the son of a rich father and between the two there is no congeniality, nothing but antagonism. The son is brought up to no profession or business, nor will his father supply the money necessary to start him in a career. Instead, he takes him into his office where his services are not really needed, and where the business fails to interest him. The son, "a square peg in a round hole," becomes indifferent to his future and simply drifts. He acquires the drinking habit, that solace of the idle, and finally reaches the stage of the habitual, periodical drinker, and the question which racks his mother's heart is to lift or drag him from the pit into which he has fallen. In this particular instance the victim of the drink habit is a weak man, but it should be borne in mind that the self-control upon which

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so many abstainers and moderate drinkers plume themselves is not so often a question of will-power as of inherent lack of temptation. Of course, abstainers form a class by themselves; as a rule, they are not, in the nature of things, exposed to temptation. Many moderate drinkers, perhaps the majority, are so constituted that the temptation to drink beyond a certain limit does not exist with them. The idea disgusts them. Some men drink because they are thirsty and don't mind much what they drink provided they quench their thirst; some men drink alcohol with their beverages because they like the flavour, but do not drink more than will assuage their thirst; others, and these are the drunkards, drink alcohol because they like it, and because of the sensations it produces, as well as the forgetfulness it brings in its train. Many drunkards are men of exceptionally strong will, but the craving for drink is stronger. The remedy, whatever may be the cause of the drink habit, is hard to find. The great thing is to supply the victim with a motive. Bring back a man's self-respect and give him an object in life and the first long step towards moral, mental, and physical regeneration will have been taken. *Ce n'est que le premier pas qui coûte.*

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If on My Theme I Rightly Think, There Are Five Reasons Why Men Drink

Pittsburg, June 16, 1908.

Dear Doctor:—"Seek and ye shall find"—when I awoke this morning these words were uppermost in my thoughts. I reflected: since my prayers have so far been of no avail, and since I believe that there is Divinity in all things, perhaps it is human aid I should seek. I am told that you have insight and judgment, and although I do not know you, I have decided to consult you. After you have heard my story, I shall be glad to have a personal interview with you if you deem it advisable. In the difficult and delicate matter which I must put before you, I shall be as frank as possible and endeavour to do no one an injustice.

My only son is an habitual drunkard. He goes for weeks, even sometimes for months, without drinking a drop, but during this period of abstention he is pale, depressed, ambitionless, absolutely indifferent and silent, even towards me whom he loves. At the end of a more or less extended period he begins to drink, a little at first, then increasingly, until there is but one

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thing left for him on earth—alcohol. He does not eat, does not sleep, does not come back to our house until he is brought there, a wreck in body and mind. Then begins the slow creeping back to health, and with it remorse and indications of self-disgust. His stomach for a long time refuses food, but after a week or so of strict dieting he is once more where he was before the drinking bout began. Physicians say that his health is greatly undermined, and that he cannot survive his way of life for many years —and he is the only thing that makes life worth living for me.

I married at nineteen a prosperous, pleasure-loving, narrow-minded young man. His desires and caprices, whatever they may have been, have always been proportionate to his ability to gratify them. He has been what is called successful, and, although too self-centred and selfish to be really popular, his *lack of insight* has prevented him from appreciating the world's attitude towards him. He is thoroughly self-satisfied.

All our younger children died in early infancy. Our son, George, is now thirty-five years old. He has been the sunshine of my life, but there has always been something lacking in his father's appreciation of him. This failure to understand his son perhaps accounts for the lack of sympathy between them. In childhood and later, when he was grown, George displayed

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great ability, up to a certain point, in anything he undertook. In school and in college he stood fairly well in his class, never first, but his position was gained without effort. He had facility in dancing, swimming, tennis, sports of all kinds, but as soon as a certain proficiency had been gained he lost interest and allowed his associates, less highly endowed by nature, to surpass him at every point. On leaving college his father was unwilling to have him join any club, and it was then, I believe, that he began to frequent hotels and their bar-rooms. I noticed that he was frequently under the influence of liquor, and I recall that during his college days, which were passed away from Pittsburg, and also during the vacations, I occasionally saw him slightly excited by alcohol. He wished his father to give him sufficient money to start in business or to buy a seat in the Stock Exchange, but whether his father had small confidence in his business ability, whether he preferred to keep the reins in his own hands, or whether it was simply that he was too selfish to reduce his own income, he refused to gratify his son's wish, but took him into his own office instead, where he was not particularly needed, and where he felt himself of little importance.

It was soon after this that I observed signs of discontent in my son, a growing lack of ambition, and an increasing fondness for alcohol. When he indulged in moderation, he was the

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most charming and delightful of companions—witty, sympathetic, lovable, and interested in everything. He began to be much sought after by society, and I cherished the hope that he would fall in love with some woman who "would be good for everything at home," but, as far as I can learn, he has never seriously cared for any woman.

On account of the increasing lack of sympathy between George and his father, I felt that if I added criticisms and admonitions to my husband's cold disapproval, my child's home would soon become merely a place to be avoided. For this reason and because criticism made him irritable I refrained from reproving him. Of late my son has been indulging in self-pity, and is trying to place the responsibility of his failure on his father. He says: "Had I been able to marry, to have a home of my own, all would have been different!" My husband resents this attitude, and at times they are scarcely on speaking terms. In my despair I have spoken to one or two of George's intimate friends, and they seem to feel that he has not been fairly treated by his father. But is it possible for one generation to be just to another? I, naturally, am inclined to sympathise with George in all things—I weep over his wasted youth, and yet a sense of fairness makes me stop to consider if any individual is really responsible for the actions of any other; whether our real foes, the ones

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we have to meet in deadly conflict, are not within us, are not our own weaknesses and deficiencies; whether, when we fail, it is not because our weakness is greater than our strength, and whether we are not in reality beaten before we begin the battle of life. In moments of depression I reflect that if we are not climbing the hill, we are all rushing down as fast as we can.

You realise, no doubt, how unfit I am to counsel my son. And even though I advise him in a way which might meet the approval of an impartial judge, when it is contrary to his likings he cannot be made to appreciate that my counsel is not somewhat prejudiced. He fancies that the world, like his own family, has failed to give him "a square deal." I see in some of his actions an expression of resentment against this fancied wrong. Indeed, it seems to me that at the present time he lacks not only the necessary motive, but the ability to help himself. He has failed to keep the bright promise of his early days, but I know he has qualities and capacities which, if they can be developed and fostered by guidance and wise counsel, will make for the happiness and welfare of others besides himself.

I must not forget to tell you that in times past he has tried to help himself, but in ways which seemed to me wholly inadequate, and which have proven so. I mean by "swearing

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off" or resolving not to drink until a certain day; by promising me to abstain, etc. I feel that no definite plan of action has ever been taken with him, that he has never been apprised of the philosophy of a cure.

Is there any help for him? My own griefs, disappointments, failures, which I shall not enumerate, have crushed my spirit, and in my despair I snatch at the ray of hope which my knowledge of your ability offers me.

Yours faithfully,

———.

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DEAR MADAM:—While thinking over the contents of your letter, my memory evoked a passage in the introduction to a book, nowadays little read, but which delighted many hours of my youth. It seems to me to have peculiar application to you in your present predicament. "They who listen with credulity to the whispers of fancy, and pursue with eagerness the phantoms of hope; who expect that age will perform the promise of youth and that the deficiencies of the present day will be supplied by the morrow, listen to the story of Rasselas." I am afraid you have listened to the whispers of fancy and pursued the phantoms of hope, and that you believe to-morrow will supply what is lacking to-day.

I desire sincerely to help you, but all that I can do is to advise a plan of action which, if put into successful operation, will constitute a *modus vivendi* for you, your boy, and his father. You want at the same time to break him of the drink habit and to restore the proper relationship between him and his father. It will be easier to accomplish the former than the latter. Although you say very little about his father in your letter, I gather from what you do say that

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his extreme self-satisfaction would prevent him from critically examining his own attitude towards his son and making allowance for infirmities in his son which he himself does not possess. Nor is he capable, I fancy, of appreciating that inhibition is a quality which men possess in varying degrees, and that in proportion to its possession is their capacity to resist temptation. A man may be proud of his birthright, but he does not boast of it; rather is he moved to give encouragement and a helping hand to those who are less fortunate. Virtues which fail to make us more tolerant of the infirmities of others are as worthless as riches to those who have no desires. Moreover, your husband has had for a long time the attitude of being in the right and of brooking no argument undertaken to convince him of error. Therefore, I am not encouraged to believe that much can be done with him or through him. Whatever is to be accomplished has to be done through the young man himself. The first thing to develop in him is *amour propre*. He must be made to see and to appreciate that by persistent indulgence in this habit he is outraging his birthright, debasing himself in the eyes of his fellow-creatures, and killing one by one all those qualities which distinguish him from the brute. Moreover, he must be convinced that a continuance of his present mode of life will inevitably entail infirmity of body or of mind,

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which is bound to be productive of great suffering, and that no amount of pleasure makes up for a comparatively small amount of pain.

To put this in an entirely different way: Suppose you ask your son what is the object and purpose of life for him, do you think he will be able to define it or to give you any thoughtful opinion of what his ideas upon this matter are? Have his conduct and mode of life heretofore betrayed any sentient purposefulness other than to amuse himself or to kill time? It is to be presumed that every one has an aim or object in life, even though few of us are able to describe it intelligently. *The object of life is to do the work of the hour or of the day.* Take a young man such as your son, who has reached an age when he should have carefully studied the map of life and planned out a campaign with the studiousness and care that a general gives to the country and the forces by whose aid he hopes to win his decisive battles. "Into this universe, and why not knowing, nor whence, like water, willy-nilly flowing—"; but while he is here he has a duty to himself, his family, the public, to society, and to posterity.

By what is his conduct mainly determined—I mean his whole conduct? He prefers to act in a way which will be productive of temporary pleasure, rather than in a way which will conform to what the world, or convention, calls right. What incentive therefore exists, or may

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be called into existence, which will lead him to exchange a mode of life that pleases him and disheartens you, for one that he believes is comparatively devoid of pleasure, though it would realise your fondest hopes? The disadvantage of your son having the kind of father you describe is twofold: first, he fails in his duty, which is to develop in the child the best traits and qualities and to teach him to control the least desirable ones; and second, by his very lack of sympathy and understanding he often drives the mother into too soft and indulgent an attitude.

Your boy seems to have had unusual endowments. In early life his ambition should have been stimulated, his career as an individual planned, and he should have been made to feel the dignity and responsibility of his own life. Byron says, "Man is a reasoning animal, therefore he drinks!" If your son had been a degenerate or a dipsomaniac, it would have been another thing, but in his case the fact that he took to drink does not contradict his ability or promise, it only shows how little motive or ambition he had to get the best out of himself.

Before outlining a plan of conduct or course of life which we shall advise your son to follow, assuring him that if he does so he will cast his fetters, and that the joy of life will be enormously increased, we must try to put ourselves in his place. If we attempt to convince him

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by argument that he should give up strong drink, he is apt to ask, "To what purpose?" or, "Why should I?" What rejoinder shall we make? We may say that he will injure his health, curtail his life, humiliate his family, outrage society, and possibly even menace public decency, but none of these save the third will probably have any weight with him. So far he has not interwoven his life very closely with the lives of others and he has failed to become the centre of a new community. He is not likely to do so now that he has reached the beginning of the second half of life. Society, he will tell you, demands of him that which he gives willingly, and no more. What, therefore, are his social bonds? So to conform his conduct that it does not bring him to a breach of the laws of the country, and to be as popular as it is possible to be without fatiguing effort. If you attempt to discuss with him those relationships with persons whom he does not know, whom he knows only very casually, and those who do not materially enter his life, which, with our friends, constitute our life's history, what will he say to you? He will probably say that they do not concern him and that he gives no thought whatsoever to them. You will find it difficult, I think, to arouse an interest in him which will tend to the advantage of the community. A man who approaches his fortieth year without having shown some inclination toward muni-

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cipal, religious, ethical, political, or other public work is not apt to take it up at that age. Neither does such a person develop a hobby, the pursuit of which, for many of us, contributes so much to the pleasure of life. As a matter of fact, if you were taken from him, your son would be an extremely isolated person; indeed, I think the sense of isolation, which is mainly due to his father's limitations, has had much to do with the development of the drink habit.

We may aid to break the drink habit in a number of ways, but in none so directly as by providing him with a motive. This motive may be developed: (1) Through hypnotism, which is a somewhat doubtful expedient, especially in cases of this kind, where there is a lack of character rather than an abnormality or perversion. (2) Through religious conviction, bringing about what is popularly called a conversion. (3) Through a desire to please and to be worthy. A motive may develop in association with the person with whom he may be fortunate enough to fall in love. This is a strong enough motive to induce change of conduct in some persons, the motive in such cases being to win the love and respect of the other person, the consideration offered in return being cessation of a mode of life that the loved one believes to be degrading; in short, the desire to please. (4) Through the friendship of some man or woman whose personality would have a marked influence upon

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him. George Eliot, in touching upon this in *Daniel Deronda,* says: "It is one of the secrets in that change of mental poise which has been fitly named conversion, that to many among us neither heaven nor earth has any revelation till some personality touches theirs with a peculiar influence, subduing them into receptiveness." (5) By means of a weaker group of motives, which might be called the social, or philanthropic motives. It is conceivable that this young man might have sufficient social instincts and love of his fellow-man to cause him to engage in some line of work which would make for social progress. One might get him interested in some special problem, like tenement-house reform or playgrounds for children. A person who is himself intensely interested in some such subject could talk to him about it and try to gain his interest in much the same way as if he were trying to make a sale or induce him to insure his life.

I am assuming that you are not willing to adopt the drastic measure of putting into operation what is, after all, the most forceful motive, namely, the earning of a livelihood. If, for example, you had known when your son was in college what the future had in store for him and how his character would develop, my advice would have been, make him understand that after he has graduated from college every source of income from the family would be absolutely

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cut off. Often this fails to work very well because children, especially in this country, are imbued with the idea that they have a natural right to the monies which their fathers have amassed, and cutting off the supply from the young man abruptly, especially when he has reached the age that this young man has attained, is apt to fill him with such resentment that he will go to the dogs out of spite.

You see therefore the small satisfaction I have in answering your letter, for in my capacity as counsellor I am not able to give you concrete advice which, acted upon, will deliver you from your dilemma. I have recently been attempting to help another woman whose predicament is much the same as yours, and I have been deeply impressed by the statement of a member of the family whose counsel we sought. He said that after a long and encouraging experience with those addicted to alcohol he was convinced that the one thing that cured was Grace. In this direction I am not competent to advise you, nor shall I attempt to influence your attitude toward it by telling you the conclusions I have gained as to the efficacy of supernatural aid in cases such as you cite.

It is most unfortunate that we do not realise until we are crossing the Rubicon, as a rule, that work is the best fun, and that it yields satisfaction incomparable with any other indulgence, save feats and competitions which entail the

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keenest and hardest work. If your son had work that interested him, from which he got satisfaction or fun in doing it, he would n't take alcohol, because he would soon find that it curtailed his working capacity tremendously and therefore robbed him of that which yielded the solidest satisfaction.

I am convinced that if you could show him that it is better fun to abstain from alcohol than it is to take it, your problem would be solved. This insatiate longing for new forms of entertainment, popularly called having fun, and the paucity of them, in reality, even if one has a genius for discovery, is what drives many to drink.

Yours sincerely,

_____.

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XIII

On the Choice of a Profession for a Nervous Youth

It is difficult to define the factors which decide one to adopt a certain profession or calling. Inclination, propinquity, opportunity, all probably have more to do with it than guidance or admonition. Much has been written on the choice of a profession, and I have no intention in the following letter of taking up that subject. I wish only to point out that those who are burdened with an hereditary taint of disease should be counselled to a course of life which will tend to prevent such disease from developing or from being transmitted. This letter is utilised as a medium to set forth some modern teachings concerning heredity.

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MONTREAL, May 8, 1909.

DEAR FRIEND:

When you were last here, now nearly two years ago, you were kind enough to say that when the time came for me to help Clayton decide what he should do when he got through college I might call upon you for advice. I am writing to you now to remind you of that promise. I do not know that I shall be able to influence him very much, but I feel that he is old enough now to be told something of his father's temperament and peculiarities. As you know, Clayton was but four years old, and Marjorie a tiny baby, when he died; and neither of them has the slightest suspicion how it happened. I shall never tell them that, but I think I ought to tell Clayton that the physician in London who took care of his father said that he had mental disorder. Don't you think I should? His family would not admit it, and they never wanted to talk to me about it at all. But then you know they never quite accepted me as one of the family, and although I have taken the children to visit their grandfather every year since I married Edmund, I am treated more as a visitor than as a daughter. They all talk

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about Montagu, but of him as he was before he came into my life,—of his play, his frolics, his university days, and his chums. Of course I have talked to the children a great deal about him, but you know how queer children are in their unwillingness to speak of any member of their family who is dead. I wonder if that is generally true, or is it merely an experience of my own? Then Edmund has been such a father to them. They love him just as much as if he were their real father. But I can't ask him, or even permit him to talk of *certain* matters with Clayton.

Now that he is getting to be a man, Clayton constantly reminds me of his father, not so much by what he says or does, but by little mannerisms or gestures, and his disposition is very much like his father's. He has the same peculiarities, if you know what I mean, about everything. He is very accurate, very truthful, very scrupulous—a little too much so for his happiness I think. But I have no fears in regard to that side of his life. What I want particularly to know is, should we encourage him to go into professional life, law or medicine, or should we try to point out to him the advantages of a business career or an out-door life.

You know that he was considered a delicate child, and although now he seems sturdy enough, the doctor who treated him when he had chorea

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warned us that it might leave him with a weak heart. He sometimes says that he would like to study law, but without, I think, any serious leanings toward it. He has heard me speak of his father who was called as a barrister but who never practised, and this probably has suggested to him that he might be a lawyer. On the other hand, I think he has a genuine liking for studies which have a bearing on medicine. He is devoted to chemistry and to experimenting with electricity, and in college he went in for the science course. He has frequently said he would like to study medicine, but perhaps that was because as a boy he had a great admiration for Doctor Fitzgerald. It seems to me he is too timid to be a physician; too lacking in decisiveness is perhaps what I mean. If he is to be a physician, I want him to be a good one, a successful one, and to have a chance to make some great discovery. At least I don't want him to go in for medicine if he is to be a second- or third-rate doctor and a slave to drudgery all his life.

Edmund thinks that should he evince no special predilection for any profession he should have a year in the bank of which his uncle is a director; that this would give him an insight into affairs, and then he could decide whether he wanted to go on with a business career. If he did not, the year's experience would still be of advantage to him in many ways.

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You know him very well, and you know all that I know and more about his ancestry. What do you counsel me to do?

Yours very sincerely,

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DEAR MRS. ——:

I am glad to have the opportunity to say something to you concerning the relation between health and disease and the choice of a profession, a subject which receives too little consideration. In choosing a profession everything else seems to be thought of, ordinarily, save the harm that may come to the nervous system through the demands and exigencies of this profession. The questions of profit and prestige are usually the deciding influences, though special talent and inclination may have some weight. These are not, as a rule, based upon mature deliberation or exact knowledge of the problems of the proposed calling, but are often decided by quite insignificant reasons. It is a subject to which I have given some thought and, moreover, your letter gives me an opportunity to say something to you about heredity, a subject which is being continually thrust upon physicians' attention and consideration. In reality I shall say more to you about this than about the selection of a profession, for the boy with whom we have to do comes from a neuropathic ancestry.

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Your solicitude for Clayton is well founded. His is a nervous organisation that is most sensitively adjusted. He has passed through the early formative years of life without noteworthy disorder of his nervous system; but he has been carefully protected from practically everything from which nervous disease flows, and he has no conception of the "Sturm und Drang" of life. This arrives with one's profession and with marriage. I hope you will succeed in guiding him in both of these. I feel sure that you will unless your distinguishing quality, a knowledge of men and their motives, deserts you.

What I shall have to say about the choice of a profession must be general. I leave it to you to make specific application. To my mind one of the first things to be considered in the choice of a profession is, does it answer, satisfy, or appeal to an inner inclination? In the church they express this by saying "to feel the call." Of course the profession for which the inclinations are most developed will appeal most, but it is easy to err in this respect. So long as the stimulus and inspiration of teachers and superiors last, the youth's interests are often artificially awakened and held; when, however, he has to depend upon himself, lack of real interest often shows itself, and then work becomes a burden instead of a joy. The struggle with himself, the absence of pleasure in earnest work, wears upon him, and sooner or later he

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feels that his life is a failure, dissatisfaction consumes him, and he becomes a mere dray horse, an animated automaton who goes round in a small circle, made up of sleeping and slavery, eating and drinking, worry and envy. How often one meets such characters, dissatisfied and bitter, moody and discontented, impatiently awaiting the time when they can retire from their hated calling, only to find when the time comes that they have no capacity for the enjoyment of life!

The realisation of a mischosen profession usually comes too late; years are lost in preparation, and there is no time for a second venture. At least ten years of study and experience are necessary in every profession before any degree of success or financial security comes, and to many who have neither special aptitude nor industry they never come. Then with envy and dissatisfaction comes unfortunately an inclination for alcoholics, all of which create favourable conditions for the outbreak of some nervous disease. On the other hand, some nervous troubles have their root in too great enthusiasm for profession or calling, especially in those who start handicapped by heredity, or by unintentional disorder of early life. Many cases of disease of the nervous system and of the blood-vessels are found in persons who have secured positions which satisfy them. Ambition, leading them to efforts beyond their strength and toward

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goals which their natural gifts will never allow them to attain, is responsible for many of these diseases. Not every one is intended to stand upon the pinnacle of his profession. There are a few for whom it is mere play to overcome all difficulties; to penetrate the depths of science and scale the barriers of art; to find new pathways to compel success after success. Those of mediocre endowment who attempt to follow them either fail, or if they succeed in attaining the goal it is at the expense of health and peace of mind. I could enumerate scores of instances from my professional experience that would testify to the truth of this. We should realise our limitations. We can't all be in the first flight, and if we could it would not be good for us. And it is especially those who are handicapped by heredity who should not attempt the feats of the superman.

In the case of your boy we should not conceal from ourselves the fact that his father was one who dropped from the race apparently of his own volition. When he had attained a profession, he did not practise it, even though the customary and ordinarily adequate motives, of family and small means, existed; and at thirty-seven years of age he found existence intolerable, and ended it. I do not think it necessary or advisable for Clayton to be told this, but you are quite right in taking it into consideration in advising him as to the choice of a career.

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We know very little in reality about heredity —that is, of heredity in man. We are by way of learning a great deal about it in the near future, I hope, thanks to the impetus given to the study of genetics by Francis Galton and Karl Pearson, and to the epoch-making discoveries of Gregor Mendel, the Austrian priest who was the abbot of the Augustinian Convent of Brunn. Working in the garden of his convent, Mendel made observations that permitted him to formulate a law which has to-day revolutionised the principle of fertilisation of plants, and which may eventually revolutionise our ideas of heredity in higher organisms. His paper, which was published in the *Transactions* of the Natural History Society of Brunn in 1866, was lost sight of for many years. It was not until its principles were rediscovered independently in 1899 by de Vries of Holland, by Correns of Germany, and by Tschermak of Austria, that the epoch-making work of Mendel was recognised. It is particularly to Professor Bateson, of Cambridge University, that we are indebted for dissemination of knowledge concerning this discovery, and if you decide to acquaint yourself with the principles of heredity I recommend his book to you. You will learn from it that heredity is entirely a different matter from what you probably suppose.

Formerly every one believed in the transmission of acquired characteristics; to-day few biologists admit that a characteristic acquired by

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a parent can be inherited by the offspring. It is extraordinary how widespread is the belief among the intelligent lay public that acquired characteristics are hereditary, for how else can be interpreted the evidences of keenness amounting almost to a passion on every side to improve nurture. Surely we are neither hedonistic nor altruistic to such an extent that we bend our best efforts to improve our own environment and that of our dependents in order that we or they alone may profit. Such an attitude is inconsistent with the best objects and aims in life. When we compare what is attempted to do for nurture with what is attempted to do for Nature, we see the most startling disparity. Still, the trend of safe biological teaching to-day is that we can do very little to influence the succeeding generation through nurture, and that we can do a great deal by aiding Nature.

Early in the last century Lamarck advanced a theory of evolution which assumed that all variations are due to the transmission of acquirements, and he published most elaborate proof of his claim. According to this theory, giraffes have long necks because by stretching their necks to obtain food which was almost out of reach they thus initiated a minute modification of structure which their offspring inherited and gradually developed. By virtue of their structure, they survived in time of want and strife. Hornless ancestors of deer developed thick

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frontal bones and eventually horns by rubbing and butting their heads against one another in strife. The stilt-like legs of wading birds were ascribed to the continued attempt of their ancestors, who had shorter extremities, to obtain their food in shallow water without wetting their feathers. The long-continued efforts of these birds had the same effect as the similar efforts made by the ancestors of the giraffe.

The Lamarckian theory is now universally denied, though Spencer believed it to the end, and some of his arguments were never refuted during his lifetime. The question in reality is whether modifications of the body can affect the reproductive cells in such a way that the next generation will inherit some of the modifications acquired by the parents. There are a large number of facts which seem to substantiate it, but one by one they are found either to rest upon hypotheses that are untenable or that cannot be corroborated.

The appearance of diseases in successive generations does not prove that a disease has been transmitted. Such diseases may be accidental or they may be reaction to causes of disease which have existed in parent and in offspring. A father, son, grandson, and great-grandson may die of typhoid fever, but no one would think of typhoid fever as a heritable disease. In fact there are few diseases which are heritable;

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but there is the condition which we are still obliged to speak of as the inheritance of a predisposition. Statistics have proved conclusively and abundantly that certain diseases, such as tuberculosis, cancer, and gout occur more frequently in the descendants of those who have had the disease than in the descendants of those who have been free from them, and the best teaching in reference to these diseases to-day is that there is an inheritance of a constitutional predisposition. It is the so-called functional nervous diseases, more than any other disorders, which have their roots in this inherited predisposition, often called by physicians degeneracy. That word will not suggest to you, I know, what it suggests to many, viz., moral depravity, but a term used by the biologist to indicate a striking departure from the average or normal, which departure is evidenced somatically, mentally, and emotionally. Such individuals may have difficulty in conforming to standards of morality, but as a class they are ultramoral, because they react excessively and disproportionately to fear. That degeneracy in this sense is hereditary is known to every one whose life is spent in attempting to interpret nervous and mental diseases. The diseases commonly known as the nervous disorders of degeneracy, and particularly hysteria, epilepsy, psychasthenia, and tic, are members of a family, and have striking features in common. They display

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themselves during the formative years of life; they have no tendency to self-limitation, and they are unamenable to treatment save as their manifestations can be submerged (which fortunately is often possible) by an exalted degree of physical and mental health. They constitute the neuropathic family, and the chief factor in their occurrence is heredity.

A remarkable feature of these functional diseases of degeneracy is what may be called their interchangeability. The same neuropathic individual may have, at different periods of life, epilepsy, tic, hysteria, psychasthenia, migraine. The same tendency to interchangeability is seen in manifestations of the neurotic instability in the ancestors. It is not certain that children of a hysterical parent will have hysteria; fortunately it is not certain that they will have any disease; but it is nearly certain, if not quite, that some of the descendants of an hysterical parent will have one or more of the neuroses or psychoses of degeneracy.

Whether the occurrence of such disease in descendants conforms to the principles of Mendelian descent or to the laws of ancestral inheritance as promulgated by Galton is for future observers to decide. So far it has been shown empirically—which experience indicates to be among the most trustworthy ways of establishing a fact—that the neuroses and psychoses of degeneracy occur preponderatingly in

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individuals whose ancestry shows similar disease or disorder.

This being a fact, it behooves the guardians of those who inherit an unstable nervous system to provide an environment for them which will tend to suppress, not to develop, this feature of their birthright.

Francis Galton, the originator of the science of eugenics, has shown to the satisfaction of most men that mental and moral characters are inherited just as strongly as physical characters. We know that the welfare of the race can be enhanced by improvement in education and in social conditions, and that the individual's health, character, and efficiency stand in very definite relationship to his environment. This does not gainsay the fact that they stand also in relationship to his hereditary endowments. The inherited nature of a man is more important than his training and circumstance in determining his adult mental and physical equipment. It is to the descendants of the men and women who are great that we must look for the future greatness of mankind.

Galton tells us that "the first object of eugenics is to check the birth-rate of the unfit, instead of allowing to come into being individuals in large numbers to perish immaturely." The second object is the improving of the race by furthering the productivity of the fit, through early marriages and healthful rearing of child-

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ren. Natural selection rests upon excessive production and wholesale destruction; eugenics upon bringing into the world no more individuals than can be properly cared for, and only those of the best stock.

It is notorious that the people who are most unfitted financially, morally, and mentally to rear children have the largest families. The result is that the unfit are multiplied out of all proportion to the fit, that the laws of Nature are circumvented, and that the selective death-rate is thwarted by social convention and modern humanitarianism. The spoke which we thus put into the wheel of the chariot of evolution is bound to affect its progress. If the land shall not be "desolate because of them that dwell therein for the fruit of their doing," we must increase the birth-rate of the fit. Believe me my ears are familiar with the contemptuous rejoinder: "You can preach all you please about science and heredity and breeding and eugenics, but human beings will go on marrying for love or for money, and the mating of the training-stable and the fertilisation of the garden can never be applied in either palace or hovel." No one believes that it can be. That does not concern us as physicians, though it may as citizens and elements of the social fabric. It does concern us to diminish disease and its potencies; and one of the surest ways of doing it is by combating the forces of pathologic heredity.

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Human beings are amenable to reason, many of them even when in the throes of the divine frenzy. The object and aim of life should be to add to the sum total of happiness and efficiency in the world, while participating in it. When such persons are convinced that they are likely to propagate hereditary diseases, many of them are willing to refrain from marriage and propagation. What, you say: "Are we justified in denying to the children of parents who display hereditary disease the pleasure-pain of matrimony and parentage? Do not many of the children of such parents go through life without indication of such disease?" We cannot legitimately request them to refrain at the present time because our knowledge of the laws of heredity in man is so deficient. But if the laws of Mendelian descent are eventually found to be applied to man, we shall be able to give the dominants and the recessives appropriate advice and so enhance the one and eliminate the other.

I have not forgotten, however, that you asked for counsel concerning the choice of a profession, not for advice concerning marriage and parentage.

I fully appreciate the tenor of your request, but a profession is only the preliminary step to that important one of being made whole, without which life at best is but a hollow mockery, and a profession only a means to rob life of some of its weariness. Nature often appears

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to be unobservant. The truest thing in the world, however, is that she exacts a penalty for every affront given her. Nature did not intend that man should live alone, and no adequate reason can be offered why he should attempt to do so. In reality then, while thinking of a calling for Clayton you should take thought also of the other step upon which his happiness depends.

You say he has expressed a desire to study medicine. Naturally, the profession that I may be presumed to know most about is my own. Successfully to prosecute it requires two qualifications, health and morality. The former is not essential, but without the latter, eminence in the medical profession is impossible. If you should turn the tablets upon which are inscribed the names of the Immortals of Medicine you will find only those who during life were noted for their morality and integrity.

The profession of medicine requires of its devotee great industry, and in order to give that the candidate should have health, strength, vitality, and endurance. The mental qualities that make for success cannot be so easily enumerated. The physician must have a capacity to see straight or to see things as they really are, as he finds them, not as they are said to be. If he has this quality, and if he loves his fellowman he has the asset that will carry him through life in a most successful way. The data of life and of disease are accessible to him, but

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he must subject them to sound judgment, and that he may do this, he must be as Napoleon said *carré à la base.* Any one who contemplates entering the profession of medicine should be apprised of the responsibilities that it entails. I venture to say that you will agree with me that there is no profession in the world in which the responsibility is so great. Undoubtedly, the lawyer will say that the responsibilities attached to the conduct of some great case are equal to those which the physician has, but I am sure that the expenditure of strength and vitality attending the care of a child sick with diphtheria or typhoid fever is far greater than that of pleading the constitutionality of the Standard Oil case or defending the Tobacco Trust.

You may think it well for him to avoid a profession that entails such expenditure of energy and vitality, and in which the compensations come, if at all, only after many years of labour. If Clayton is not of robust physique and if he takes responsibility with undue seriousness I should certainly advise against medicine as a profession.

There are two professions worthy of careful consideration to which your attention may not have been particularly directed. They are forestry and engineering. The advantages of them to one who is handicapped by heredity is, first, their work is creative work, and second, it is out-of-door work, close to Nature.

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This is the age of invention and construction and there are probably greater opportunities in the profession of engineering to-day than ever before. Reflect on what the gasoline engine has done for humanity and economics during our lifetime. Think for a moment of the transformation that has been accomplished in this city with its tunnels and bridges and sky-scrapers all within ten years. It was the engineer and the architect that made it possible. Your boy has an inclination for science and mechanics. Why not give him a pleasure trip to the Isthmus? It may awaken an interest in the profession that is responsible for the construction of the Panama Canal.

The profession of forestry is still in its infancy in this country. Indeed it is only recently that the conservation of our great forests has been discussed at all. We are rapidly realising that they have an important relationship to our wealth, health, and salubrity. A few years hence we shall be far keener on the preservation of our forests, and on tree culture, than we are now. Then the profession of forestry will take on an importance that has not yet been given to it and those who espouse it will find ample field for display of energy and talent. Think of the opportunity that it gives for living a healthy, wholesome life in the open air while adding to the beauty of the whole world! The forester and landscape gardener vie with the

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architect and the cathedral builder in their opportunity to impress their artistic and intellectual ability upon the age in which they live.

I should like to say something to you about the advantages of the life of a farmer for a young man who is neither robust nor quite ready to embrace the strenuous life of law or medicine. But this letter has already taken on such length that I must content myself with hinting to you that too few of us realise until we have become physically and emotionally rigid that the country is the natural place to live.

"In odours of the open field, and live
In peaceful noises of the farm, and watch
The pastoral fields burned by the setting sun."

There one of your own sex preferred to prosper with a mortal rather than have the immortality that would come with Apollo's successful wooing. So, too, many peaceful natures prefer to live their lives apart from the arenas of combats and struggles, and devote themselves to replenishing the earth, and making six stalks grow where one grew before.

My advice then is to encourage your boy to go into a profession for which he has a natural predilection, inclination, and aptitude, providing he has the health and strength to do the work which the successful practice of it entails.

Yours sincerely,

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XIV

"Youthful Errors" and Nervousness

The neurologist encounters a vast number of individuals who suffer poignantly in mind who attribute their disorders to what are popularly called "youthful errors." It surpasses ordinary understanding that the average man of intelligence should be able to convince himself that some small perversion of physiological function in youth can cause serious symptoms twenty and thirty years later. But that such is the fact every physician can testify. The ignorance of sex significance, sex physiology, and sex conservation in the average individual is profound and abysmal. Not until we are able to look upon our creative capacity as the link that binds us most closely with the Godhead and be reverentially proud of our possession, and not until we see fit to teach our young its significance, can we hope to have our noblest endowment looked upon by its possessors in any other way than it is now looked upon, viz., as something to be ashamed of and never mentioned except in the secrecy of the closet or with the blush of shame on the cheek.

The following letter, a genuine document, is merely a sample of the kind of suffering that comes to a sensitive, shy, youth as the result of false teaching and ignorance of simple physiology and biology.

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From a Psychoneurotic Who Is Hypochondriacal

Providence, April 16, 1908.

My Dear Doctor:

Your suggestion, when I saw you at your office, that I should write a statement of my complaint, seemed quite reasonable until I began to try to put the facts on paper. Even then it seemed reasonable, but also impossible. In the first place, I do not like to write, and in the second place I don't know what to put in and what to leave out. You have seen me and know that I am twenty-one years of age, though I suppose I seem older—perhaps, because I have had to work since I was fourteen years old to help support my mother. This responsibility and the worry that I have had about myself have made me more mature than most young men of twenty-one. I have a good position, and the respect of every one with whom I am associated, but if they knew me as I know myself, very likely I would forfeit both. When I was just past fifteen, a great change came over me. I told you what caused it. I became regretful, remorseful, and self-conscious, and would

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often break out into violent perspiration, particularly if I thought any one noticed me. I tried every kind of exercise that I was told would be beneficial, taking cold baths, and paying great attention to what I ate, but none of these things did me any good. I continued to have the same feeling, and in addition a great deal of indigestion. When I was about eighteen, I was told that if I masticated my food thoroughly I would get rid of the indigestion. I began to do this, taking from an hour to an hour and a half to each meal.

Then it occurred to me that I could accomplish my purpose much better if I were to eat alone. At first I could stand having people about, but as time went on, if any one were in the room, my mouth would become so dry that I could not get the food soft enough to swallow. I would have a queer feeling of contraction in my stomach, and lose my sense of taste. My mother was then having a few women boarders, mostly school teachers. I persuaded her to give them up because of my inability to take food if they were anywhere near me.

Last February my mother went away to make a visit. She was to stay a week, so she cooked some food for me to eat during her absence. I got my own meals and ate them in my bedroom. During this time when no one was in the house I realised that it was unnecessary to chew my food until it became a liquid, my sense of taste

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returned, and I gained ten pounds in two weeks. My mother then came home, and I discovered at once that I could no longer eat while she was in the house. No matter if she was in another room; I could not eat. I imagined that she was listening, my mouth became dry, and a terrible constriction developed in my stomach; it was impossible to go on eating until she left. I persuaded her to put my meals on the table and then go out away from the house, to visit a neighbour, or to go to a store. Then I ate, but while doing so I was in constant fear that some one would come in. In order to avoid this I ate hurriedly, with the result that lately I have had a great deal of indigestion. Now the neighbours are beginning to inquire why she always goes out at meal-time, especially when it is raining and storming, and it is often embarrassing to give an explanation. But she must go or I starve, and I have to keep up my strength. I always feel the sense of constriction of the stomach when I am in company; when I am talking, riding in the street car, and so on, and especially if the person with whom I am in contact has shown more than ordinary interest in a personal or business way. I have it in the most troublesome way when I am with a girl that I know and like very well. It is hard for me to explain it in reference to this particular girl, but I must tell you that I have felt lately that I would never let a woman get the better of me.

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I have never had any inclination or desire to make love to women; on the contrary, I have a feeling of profound dislike of even the thought of it, or of anything that suggests it. For this reason I never go to a play or to a theatre where they have ballet dancing, or where women play in short dresses, or where I would see anything likely to be suggestive.

A year ago, when the girl I mentioned came here on a visit, I met her and got to like her very much. I liked her just because it was she. I never thought of her in any other way, however, than as a boy might think of an automobile. I used to go to see her often, but always after dark. She did not understand at first why I came then, but circumstances favoured my calls at such time. I was more ready to go because in the dark, or with very dim light, I do not break out into this awful perspiration, and am not so terribly self-conscious and terrorised as at other times.

There are times when I feel perfectly well, even when I am with this girl. For instance, I recall that some time ago, when visiting her, I lay down upon a sofa, and she came and sat beside me and caressed me. I felt as if a weight were lifted from me, and said to myself, "I am perfectly well." If I should plan to repeat this I would get into such a state of excitement and distress, that I think I should go mad. In the first place I have to distinguish

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this girl from her sex. I am not at all sure that I make clear to you what I mean, but I have the conviction that the sex, meaning women, have had much to do with getting me into this awful state of mind. If they did not exist, that is, if there had not been something in me which demanded or called for their existence, I should not be in the condition in which I am. My reasons, then, for not wanting to have anything to do with them is that I want to put this whole question of sex entirely outside my thought. This is what I mean when I say that I have the feeling that I shall never let a woman get the better of me. Towards this particular girl, it seems that I don't feel that way and I especially do not when I am with her. When I am not with her, she is in the category of her sex, and the thought of her fills me, sometimes, with these extraordinary feelings which are a mixture of fright, anxiety, terror, and despair. I feel sometimes that I cannot bear the sensation another minute, and that if I don't get relief I'll explode, or go up in the air, or in some other manner cease to be.

I have explained to her a great many of my troubles, but of course she does not know from what they come. No one knows that but you. I mean I have never told any one else. Once when she came out to ——, I met her at the train and I told her I had to go to ——. She wanted to go with me. I thought I could

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not stand it, as it would be very light in the train, but finally she persuaded me to take her. The perspiration simply rolled from me all the way and I was most uncomfortable. I kept saying to myself, "If ever I get out of this I 'll never get into such a mess again." Had it been dark I would have enjoyed myself. When we returned, I went home, changed all my underclothes, which were so wet they dripped, and then went to her house. The light was low there and I felt all right. To-morrow she is coming here to see a ball game. I am going to play. I shall suffer more than you can imagine because I shall know she is there. I wish she were not coming. I shall have a nervous sensation for fear she will see something in my face that will make her not care for me, and I shall avoid her in every possible way. Unless she approaches me it is very probable that I shall go home without speaking to her. She knows I care for her although I have not told her in so many words.

Last summer she wanted to give me a ring. I said, "No, I am not worthy of it." In the winter, however, when she asked me again to take it, and keep it as long as I loved her, I thought, "I can do that conscientiously," and so I took the ring, but I did not say in so many words, "I love you." She is a brilliant girl in company, a wonderful girl, and she is very fond of me.

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She has written between forty and fifty letters to me, but I have written only one to her. I cannot bring myself to write, because I feel that some time the written letter might be used to my disadvantage. Sometimes, you see, I am so nervous that I can scarcely sign my name.

If I did not have so much worry about eating, and could give time to other things, I might get well, but I have fallen away terribly, particularly around my chest, although I am pretty good weight—that is, I weigh one hundred and forty-five pounds and I am only five feet five inches tall. It is always harder for me to eat dinner than any other meal, and particularly if I have seen a great many people during the day, or have been excited in any way.

I have had to give up going to church and to entertainments. Occasionally I go alone to the theatre, but I always have an aisle seat, so that if the impulse to get up and go out comes over me I can do so. Once or twice I have been to the theatre and had a seat two or three from the aisle, but I perspired so all the time and was so painfully self-conscious that I did not have a moment's enjoyment. As a rule, when I am in the theatre or a similar place, I am able to forget myself only when the lights are turned low. I cannot go anywhere for amusement like other persons. I cannot go into restaurants, nor on excursions, or parties, for the entertainment

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of all of these is mixed up with eating and with women.

I like crowds. There are few things I like better than going to a baseball game. Then, with a great many people around me and no one observing me, I am without a trace of nervousness. I can talk to any one at such times, especially if they speak to me casually and do not take very much interest in me.

I am convinced that I brought this all upon myself. If I don't get out of it I don't know what is going to happen to me. As I have told you, I am falling away around my chest, as any one can see who will look at it, and I am sure that one can't go on living the way I do.

Another thing that troubles me is that I don't know what to do about this girl. She seems to me to be the finest thing in the world, but I am not able to conduct myself toward her as a man should. Please help me.

Yours faithfully,

———.

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NEW YORK, April 23, 1908.

DEAR SIR:

Despite what you say in the beginning of your letter about your inability to write, it seems to me that you have succeeded in this instance in letting me know something of yourself.

Your case is of the greater interest because it seems, even from the brief recitation that you have made of it, that your obsessions and your delusions are founded upon a sexual basis. A well-known Austrian writer, Freud, to whom we are indebted for helping us to interpret such disorders as yours, has suggested that most cases of this kind are founded upon such basis.

It will require a careful investigation by the so-called psychoanalytic method to determine just what feature of sex disturbance is responsible for your condition.

It will not suffice you to be assured that if you will exert your will-power you will overcome your most distressing symptoms. It will not avail even to convince you by logical argumentation that you are well nourished to weigh one hundred and forty-five pounds when you are but sixty-five inches tall, and that therefore the belief that you are falling away is a delusion.

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In fact, argument, persuasion, exhortation, assurance, contempt even (that weapon which pierces the shell of the tortoise), are of little service in such cases until after the patient has been assisted to a psychic state similar to that which existed when the symptoms first manifested themselves. You ask how this is to be accomplished. And I say to you, I profess to do such things, and I shall be glad to help you.

Such treatment is called psychotherapy. It is a big word, and now that the public and here and there an enthusiastic cleric have got hold of it, it is likely to have the vogue that appendicitis had a decade or so ago. It is not at all new in the art of medicine. In fact it antedates Esculapius, and a very fair brand of it was in use at the time of the Pharaohs. However, there came a time when it fell into desuetude in Boston, and so it had to be revived. The renaissance was attended with slight raising of the voice on the part of its sponsors. This is the equivalent of a lyric outburst or of a dramatic apostrophe, or even of an impassioned arraignment, in less cultured centres. Naturally, advance has been made in the understanding and application of psychotherapy during these past few years. Similar advance has revolutionised every art save those of the poet and painter.

You may do a great deal to assist the physician who essays to cure you. You may assume, for instance, that you are in error about the

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cause of your symptoms. I shall not discuss the attributed cause here. Assume that you do not know, and leave it to others whose lives are devoted to ferreting out the cause of disease to discover it for you.

You may read books whose purpose is the instruction of persons such as you in the nature of their symptoms and diseases. For this purpose I recommend a small book entitled *Why Worry?* It is from the pen of a physician in a neighbouring city, long known as the Athens of America, sometimes reviled as the cradle and nursery of "Antis" of every description, but universally recognised as the abiding place of the Ancient and Honourable Artillery. Its author, Dr. George L. Walton, has succeeded in putting the facts about psychoneurotics, of which you are one—if you will forgive me for calling you names—so clearly and so intelligibly that any one can grasp and understand them. More than this, he writes with such insight and sympathy, such candour and simplicity, that the reader cannot fail to appreciate that what is said is founded upon experience, knowledge, and wisdom. You will find in it, I have no doubt, much that will aid me in bringing about your recovery.

Finally, don't neglect the poets. They are a great adjuvant to medicine. You will not accuse me of disrespect for the cloth, or irreverence for that which it represents symbolically when I say

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that if I had to choose between Emerson and the Emmanuel Church as an aid to the practice of medicine, I should n't hesitate a moment. I don't decry prayer while exalting poetry, for I believe with the Epistler James that the fervent prayer of a righteous man availeth much. While I am speaking of poetry I suggest that you commit to memory the following stanza from Cowper, and whenever you are wrestling with the idea that your troubles have grown out of youthful folly, counteract it with "Truth," which says:

"Past indiscretion is a venial crime,
And if the youth, unmellowed yet by time,
Bore on his branch luxuriant then and rude,
Fruits of a blighted size, austere and crude,
Maturer years shall happier stores produce,
And 'meliorate the well-concocted juice."

Finally, I want to say to you that I am sure that you will recover, and that you and she, "the brilliant girl, the wonderful girl," will live happy together forever afterward.

Yours, very sincerely,

———.

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XV

Jealousy

Jealousy is an infirmity which is met every day and everywhere in all ranks and stations of life. No one is exempt, from the king to the beggar, and the results of giving way to this ignoble passion have brought about some of the most awful tragedies in the history of the world.

"O, beware my lord of jealousy
It is the green-eyed monster which doth mock
the meat it feeds on."

There is no state of mind which is so poisoned as is jealousy. It has been said to be the offspring of love, yet unless the parent make haste to strangle the child, the child will not rest till it has poisoned the parent. Jealousy cannot be long contained without injuriously affecting the health of the person who fosters it. It is a primitive instinct, not a disease, and naturally its treatment hardly comes within the range of a physician's calling. Nevertheless the neurologist has to deal so frequently with the disastrous results that flow from its display and consequences that a brief consideration of some of its phases is attempted here.

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From a Lady Who Seeks the Deliverance of a Sister Who Is Jealous

My Dear Doctor:—I wish to make an appointment with you for my sister, Mrs. ——. She will be here next Monday to stay a fortnight. I am greatly concerned about her, and as she is seeking your counsel at my urgent solicitation, I feel at liberty to tell you something of the conditions, as far as I know them, under which she is struggling. I am convinced that she is not only sick in body but mentally ill as well, otherwise her weakness, backache, apathy, and depression cannot be explained.

My sister and I were left orphans at an early age. My father died when I was seven and my sister but an infant. My mother lived on, a heartbroken invalid for ten years. When she died, I was seventeen. My sister, then not quite eleven, was a delicate creature, having, I am told, suffered much from digestive trouble in her infancy, and been threatened with rickets.

From a child she would devote herself passionately to one person in whom she lived and breathed. She could be, apparently, in the

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seventh heaven of delight, when a cold word or an indifferent look from the beloved one would plunge her instantly into the depths of gloom. When we were left alone in the world she became deeply attached to me, and had she not fallen in love I should have considered it my duty to refrain from assuming more intimate ties and to guard and protect her always.

At twenty, however, she fell violently in love with a man a few years her senior, whose family we had known always. Her engagement was a short one. She was married, and nine months later her first child was born. Everything was apparently most felicitous in spite of the fact that she did not escape those hours of disappointment and disillusionment which fall to the lot of every young bride. It was at this time that I felt at liberty, my sister being settled, to consider my own happiness. I married an old friend, a German officer, and have lived in Germany for the last sixteen years. I have a large and engrossing family, and although I have kept in touch with my sister as much as possible, I have n't been under the same roof with her for any length of time, until my present visit, which is now terminating.

When my sister met me at the station her appearance gave me a shock. She looked almost transparent and her eyes had a strained, excited expression, which I had noticed in the past only at times of extreme exaltation. She seemed

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delighted to be with me, but instantly became reserved when I asked if all was well with her. Her husband, she said, with a shrug of the shoulders, was away from home amusing himself. Her boys, respectively thirteen and fifteen, were at boarding-school. She was alone. I did not notice during the first twenty-four hours that she was much changed, for we recalled the past and lived over in imagination many happy days long gone by. As time went on, however, my attention was attracted to a peculiar expression which seemed to come over her face at short intervals without apparent cause. Her interests in whatever subject we were discussing seemed suddenly to fade away —her face would get pale, her features immobile, and her eyes fixed. Her thoughts were either far away or her mind's door was closed. There was an impenetrable barrier of some kind between us. I perceived that my sister was not happy, that she had something on her mind, and that her natural reserve and sensitiveness led her to hide it from my searching eyes,—she seemed to be on her guard.

It was two weeks or more before I could induce Mary to speak of herself, and then she would let down the barriers only a few moments at a time. She would be on the very point of a confidence when suddenly she would become distant in manner and absolutely impenetrable. By degrees, however, I have learned the true

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state of affairs. The illness of one of my children calls me home and I am sailing in three days. I am in the throes of a divided duty and feel the greatest concern at leaving my sister, but I am convinced that under the circumstances the best thing I can do is to entrust her to your care, for I feel sure that you will know how to win her confidence.

But let me tell you what I know. I will try to piece together the bits I have gathered from her from time to time. She is, as I have said, morbidly sensitive and has an intense craving for approbation, and although a devoted and self-sacrificing mother, her instincts are more uxorial than maternal. She has sent her boys away from home for two reasons—the first because she is not strong enough to be both wife and mother, and the second, because she sees, or imagines she sees, a growing antagonism between her husband and her eldest son. But more of this later. The husband came home a week after my arrival, and I took it upon myself to observe him closely. Years have but intensified his peculiarities. He has an iron constitution, a clever but uncultivated mind, inexhaustible spirits, and a most exacting nature. He is easily bored and will take any means to escape boredom. He has no religious convictions—to him this world is all we have, and he looks upon the man who does not grasp every pleasure that lies in his way and rush up every avenue that pro-

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mises pleasurable sensations as an unmitigated fool. He is a law unto himself and recognises no boundaries but his own limitations. My sister confesses to me that at different times her jealousy has driven her to thoughts of suicide, and there are indefinite rumours that at one time she behaved irrationally for a few days. During their entire life together, beginning eighteen months after their marriage, her husband has had a succession of affairs, probably harmless in one sense, for they were with women in his own class, often with his wife's intimate friends, and these women have lost neither position nor reputation. His intense vitality makes him irresistible to some women. For the time being, he lives only for the object of his admiration, whom he surrounds with every outward evidence of his approval whenever opportunity offers. In the ballroom, or in the country, his wife has often purposely placed herself in a position to overhear what he may be saying to the woman whom he admires, and she has heard caressing compliments in the delightful, magnetic tones which won her own heart, directed toward some one else.

For dreary days and sleepless nights she would eat her poor heart out—and then he would return to her. So far he has apparently never failed to return. Then would begin a struggle of another kind. She would try, in spite of her delicacy, to fulfil all his requirements—take long

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walks, exhausting rides, enter with apparent interest and enthusiasm into all his schemes. At these times he would devote himself to her. Then reaction would set in—he would seek alluring fields and pastimes new, go away from home alone and leave the poor little bruised being a prey to all the forebodings that a sick body and jealous mind could fabricate. At times I fear she must have been beside herself, but he always returned in time to restore her in part, and her broken condition apparently appealed to a side which, if you will believe me, is not his better side. It seems to me that he finds a certain satisfaction in seeing what devastation he has accomplished. My brother-in-law is now away on a shooting trip and I feel that my sister is in no condition to be left alone. I am also convinced that she needs medical advice and care.

She has been receiving treatment from a physician in ——, who thinks she has some spinal weakness. At times she complains of a great deal of pain in the back of the head and neck, and of fatigue, which apparently is not the result of exertion. At other times these complaints disappear suddenly and she will seem quite well. I do not know that I make my meaning quite clear to you, but there are periods when she seems quite normal; yet within a few days, nothing apparently having intervened meanwhile, she will go to pieces, become utterly de-

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pressed, apathetic, and uncommunicative. One would think she was becoming a prey to melancholia.

At one time the doctor gave her a rest cure, on another occasion he burned her back, and lately he has been talking of sending her to a sanatorium. I have n't had much conversation with him about her, but I am convinced that in this interpretation of her condition he does not take into consideration the fundamental part which the mental or emotional element plays in her case.

I have observed her very closely during the past two months, and the result of my observation is that her physical suffering is largely dependent upon disturbed peace of mind. It is with difficulty that I have persuaded her to come to New York to see you. I feel convinced that you will succeed in bringing her back to a normal state, particularly if you gain her entire confidence and make her feel that she can rely upon you to listen understandingly to the complications of her life.

Apparently she has every worldly possession that goes to make life worth living, but the peace of mind surpassing wealth, which the sage is said to find in meditation, eludes her.

After you have seen her I shall be grateful for a letter, telling me what you think of her condition. Don't hesitate to tell me if you conclude that it would be to her advantage to have

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me here, for I can easily arrange to return in the spring. I fear, however, that one of her own flesh and blood is not the best person to help her at the present time.

Yours very sincerely,

———.

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NEW YORK, Oct. 13, 1907.

MY DEAR MADAM:

I have your letter of yesterday requesting an appointment for your sister. I hasten to reply so that you may have my view of your sister's case before you sail, more particularly as I wish to get some further details from you before she comes to see me.

You have given me such a lucid account of your sister's condition that I am able to say what her chief trouble is. Perhaps after receiving my reply you will think it wise to take her to a priest, not a doctor. We really have n't made any advance in the treatment of jealousy since the time of Moses. In those days, when the spirit of jealousy came upon a husband or a wife, they were brought unto a priest, and it is probable that you can do no better than follow the example of the Israelites.

We who deal with disorders of the mind, as well as of the body, have sometimes to combine the offices of the priest and physician, but fortunately, we do not thereby arrogate to ourselves a comprehension of practical theology which surpasses that of men trained in that profession.

Jealousy is an instinct which we inherit from

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our animal ancestors. Those versed in biology and the laws of heredity do not hesitate to tell us with much confidence that it is a mnemonic engram, something almost as specific and material as a million dollars, but however this may be, no one denies that it is a heritage of animals and barbarism. It originated at a period in the development of the human species when possession depended upon artifice and violence. It is an indirect effect or derivative of the most profound primordial passion. In other words, it is an irradiation of the sexual appetite which has a peculiar mental character.

In women it is less brutal and violent than in men, but what it lacks in these qualities it makes up by being more instinctive and penetrating.

Jealousy, like all other hereditary infirmities, is very little influenced by what is commonly called treatment. To eradicate it requires the combined efforts of education and selection. These carried on for a sufficient length of time may gradually overcome it. As physicians, we have very little to do, unfortunately, with either of these activities.

I shall be glad to see your sister and listen sympathetically, and, I hope, understandingly, to her story. Perhaps I shall be able to suggest to her a line of conduct and a mode of thought which will bring into her life a greater amount of happiness. Except in a general way, however, it will be an experiment, because in every

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case in which disorder of the mind or of the emotions flowing out of unhappiness is the complaint, the individual and not the disease is what we have to treat. There are certain general principles underlying the treatment of such diseases as typhoid fever and pneumonia, but when it comes to the treatment of a state of mind which is the result of injustice—for I presume that every one admits that jealousy is injustice—there are no cardinal principles.

I gather from your letter that your sister, besides being sensitive, romantic, and impressionable, is rather a literal person. She is, I presume, about thirty-five years old. The opportune time to attempt to eradicate those emotional qualities which are now contributing to her unhappiness has long since gone by. Not only is her character fully formed and set, but habitual modes of mental and emotional reaction to all sorts of stimuli have developed within her. She can scarcely hope to change this, save by prolonged mental discipline and toil. "For labour must lead the way to every fair possession, and he must toil who is eager to attain virtue. Thou knowest that Herakles and the Dioskuri, and Asklapius, and all other children of the gods, through toil and steadfastness accomplished the blessed journey to heaven. For it is not those who live a life of pleasure that make the ascent to the gods, but rather those who have nobly learnt to endure the greatest misfortunes." So

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wrote Porphyry, the mouthpiece of the Neo-Platonists, to his wife, Marcella, more than fifteen centuries ago. I commend the letter from which this paragraph is taken to your sister.

Can you encourage me to believe that it will be possible to convince your sister that her experience is not unlike that of many of her sex; that in reality it is her lack of confidence or trust in her husband that precipitates her acutest misery and thrusts her into the injured lover's hell; that she does not make allowance for average human frailty; that she neglects to sum up the total of her husband's virtues and of his deficiencies and putting them in the judicial scale to abide by the kick of the beam?

Furthermore, what shall I do if I become convinced that her husband's conduct is such as to justify resentment? Do you think it will be advisable for me to send for him and apprise him of my belief? Is it not possible that he will resent interference on my part, even though I put it on the grounds that his wife's health not only justifies but demands my interference? Moreover, I say to you now, frankly, that I may permit myself some latitude of professional privilege and advise her to apply for a divorce, for uncontrollable jealousy is, to my mind, a legitimate cause for such action. It might be well, therefore, for me to learn how the family look upon such a possibility.

I gather from your letter that you, who ap-

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parently understand your sister very well, and who have had much opportunity recently of seeing her, are of the opinion that there is some justification for her jealousy. But if her husband is a type of man that harks to no higher call than the gratification of his every desire, it seems to me that we cannot do much with such a person. What is there in him to which I can appeal that will be likely to influence him to shape his conduct more in conformity with his wife's wishes? I cannot believe that he is insensible to the fact that her complaints flow indirectly from his conduct. Is her health and happiness of such importance to him that he will be willing to make some sacrifice in order to secure them? You have not drawn him very clearly, and yet I feel that I must get an accurate description of him in order to be of service to her. If you can tell me something of his conception of happiness, destiny, and justice, you will aid me in forecasting her future.

The only encouragement I can offer is that I may be able to give your sister, by suggestion, a mental attitude—a point of view—which in time may become a philosophy of life through which jealousy can be intellectually fought and conquered.

I need not tell you that there is scarcely any affliction so potent to cause misery and suffering as jealousy. Yet, what effort is made to eradicate it in the growing boy or girl who shows

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its warping effect and its baneful consequences? We take infinite pains and care to instil into the budding mind principles of honesty, veracity, chastity, and temperance. We expend any amount of energy in pointing out to our youth the advantages derived from learning to "play fair." We infuse them with sentiments of altruism, of unselfishness, of generosity—in short, with all the so-called humane impulses—but so far as my observation entitles me to an opinion, we do little or nothing towards teaching our youth that jealousy is more potent to produce misery and unhappiness in themselves and others than almost any other mental possession.

Suppose, for instance, that when your sister first began to feel the tentacles of this parasite fastening themselves upon her she had reasoned with herself, or had been reasoned with, to the effect that matrimony does not necessitate that either one of the contracting parties should cease to seek pleasure and diversion from association and honourable intimacy with persons of the opposite sex, and that so far as her information went such was the extent of her husband's guilt. Do you think she would have resolved, and fortified her resolution with whatever appeal to the supernatural her training and mental make-up suggested, to thrust jealousy out of her mind, as one throws out of his house a person who has attempted to impugn his honour and rob him of his best asset, integrity? Or

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do you think she would have been more likely to wreak vengeance upon the person whom she thought was trying to share some of her husband's attractiveness, a possession which she believes belongs to her exclusively? Is your sister a person who will be as frank and honest in discussing this feature of her affliction as you think she will be in laying before me her conception of the cause of her misery? From your knowledge of her, can you tell me if she has the capacity to take into consideration that not only is she concerned, but many others as well? I shall be able to find this out for myself, but your opinion in the matter will be helpful to me.

Perhaps you can also tell me something of your sister's interests, particularly what makes life for her worth living? Maeterlinck maintains that it is reasonable to believe that the paramount interest of life, all that is truly lofty and remarkable in the destiny of man, reposes almost entirely in the mystery that surrounds us; in the two mysteries which are the most dreadful of all—fatality and death. If this is so, and if your sister is so fortunate as to be a woman imbued with religious sentiment, it may be comparatively easy to give her a new point of view. She will accept, or, at least, make a serious effort to accept, that which is foreordained, believing that it has been initiated and sanctioned by the Infinite to which she bows

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resignedly. And if at first she cannot embrace it fully and peacefully, silence and prayer and the religious attitude will facilitate its acceptance. If, however, her idea of life is:

> "To eat, to drink, and in communion sweet,
> Quaff immortality and joy,"—

the problem will be a more difficult one, but not necessarily insoluble. For if this life is all, then it behooves us to make it a success, to make ourselves and our associates happy, to spare no pains, to hesitate at no mental or moral operation which can reveal to us the art of living, and give to us and to those we love serene and beautiful days.

Very sincerely yours,

———.

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XVI

The Neurologist and the General Practitioner

Frequently we hear it said and see it written that the so-called general practitioner, meaning the family doctor, is disappearing. As a type he may become extinct when preventive medicine, the goal of our science, takes the ascendancy. In the meantime it should not be forgotten that successfully to practise some of the specialties, neurology and surgery for instance, a fundamental grounding in what is called general practice is almost essential. At least it may be said that those who are most successful have had such training.

Until quite recently there has been an inclination, to put it mildly, on the part of the medical profession in general to look upon the neurologist as a person so taken up with the intricacies of the structure of the nervous system and with psychology that he could not be "practical." That is, his efforts in the cure of disease were not so fruitful as those of his colleagues of other departments of medicine.

There has been a material change in this attitude during the past few years, due not entirely to the physician's efforts, however, but in a measure to the wave of "New Thought" in its various forms

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that has spread itself over this country in that time. The influence which the mind has over the body has always been recognised, but the influence which the mind has over the sick body has not, until recently, been adequately estimated. The physician has always appreciated that the individual as well as the disease must be treated, but the neurologist has shown that frequently it is only the individual that should be treated in order to get the best results.

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From a Doubting Thomas

Washington, D. C., June 18, 1908.

Dear Doctor:

I have read with interest the *Letters to a Neurologist,* and I am moved to add one more to your collection. It is obvious that you have had considerable experience with the general practitioner. I have had not a little with the neurologist. This letter is not written to cast any aspersions, for I may truthfully say that it has been my experience that when the neurologist is a practitioner of medicine who has had special training in nervous diseases, he is a most satisfactory consultant. But what I am particularly at a loss to understand—and enlightenment is the object of this letter—is the quality of advice that many of my patients get from neurologists. Take, for instance, a patient seen by me to-day. A man in charge of a small business, a steam laundry, consulted me two years ago, seeking relief from attacks of pain in the legs—rheumatism, he called it. I could n't make much out of him, so I suggested that he should go to see a nerve specialist in Baltimore. He did so, and was told that he had locomotor ataxia. He was given a saturated

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solution of iodide of potassium and instructed to take thirty drops of it four times a day. He says that he was told that his treatment could be carried out as well at home as there, and that the disease was incurable. However, it might be years before he would be incapacitated. He was warned to keep away from quacks.

This, it seems to me, was like taking a backwoodsman who had never seen a balloon, putting him in the car with something that was thought to be ballast, telling him to throw it out if the balloon did not go up properly, and then cutting the rope. You could n't have any very sanguine expectations that he would come down in Philadelphia or in any other safe place remote from the starting point. In fact, one could not give reasonable assurance that he would come down at all. The truth of the matter is that the chances would be all in favour of the errant one coming a cropper. That 's just what happened to my patient. He went home and took the medicine for a while, and as he did n't seem to be improving, he sought those who had no doubt that they could cure him. First, he tried a "chiropractitioner" of this city. She rubbed him violently—that is all he knows about her treatment, save that he felt one hundred per cent. worse when he came out of her establishment than when he went in. Then he went to a place where he was treated with vibration for three weeks. They did n't claim they could

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cure him, but they could relieve him. Promises, like pie-crusts, are easily broken. These were of that brand. He was then advised to go to the Hot Springs of Virginia, and there they gave him the douche and hot-blanket treatment. He lost several pounds in weight and an incalculable amount of strength, and returned a weaker but wiser man. He then put himself under osteopathic treatment, which apparently benefited him, but he got discouraged when a particularly severe attack of pain seized him. Now he reads in the Sunday papers that there is a doctor in New York who cures such diseases as his by treating the deep urethra, and he comes back to me to get my advice about going to see him.

Now, I submit that the neurologist to whom I sent him is to blame, in part at least, for this man's wanderings, and he is, in a measure, responsible for his present condition, which is infinitely worse than when I first saw him. Believe me, this is but one of several cases that have come within my personal knowledge. I can give you details if you desire them. Practically all those of my patients who have got into the hands of quacks and vicarious physicians have gone *via* the neurologist. I don't say they would n't have got there anyway. I content myself with stating the fact. The question I want to ask in this connection is: Is the impression which so many physicians have, that

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the neurologist seems to be satisfied when he has made the diagnosis, founded upon fact? Does he display the same keenness and insight in his search for the cure or amelioration of the disease as he does in detecting it? Is he as resourceful in suggesting means to combat the disease as he is diligent in discovering modes of disclosing its nature? Does not the mental picture which he has of the diseased tissues as he observes them upon the autopsy table blot out the nascent idea that anatomical and functional restitution may be possible, and leave in its place the legend, "*cui bono?*" Is it not a fact, now that tuberculosis is taking its place among curable diseases, that epidemic cerebrospinal meningitis is succumbing to the products of the laboratory, that the cause of syphilis has at last been discovered, that vaccine therapy is giving earnest of great achievements, that the neurologist takes an unjustifiable and untenable position in pronouncing many diseases of the nervous system incurable, and conforming his conduct to his dictum? Perhaps you do not agree with me that he does so, but I venture to say that such is the opinion of many general practitioners like myself, and I should be glad to hear from you with regard to it.

Another point concerning which I seek information: I note that in many of your letters you lay great stress upon the rôle which heredity plays in the causation of nervous diseases.

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Don't you think heredity is overdone in this respect? I think you will agree with me that it has been the trend of science to show that disease of all kinds is due to accident or design: accident in encountering the various bacterial and protozoal causes of disease, and design in overeating and overdrinking.

You, no doubt, recall that it is not so long ago that the chief cause of tuberculosis was thought to be the inherited diathesis. Yet, what writer on the causation of tuberculosis wastes words on the inheritance of the disease to-day? Then again, what facts, reliable, trustworthy, and uncontroverted, have we to show that any but a few rare diseases flow directly from our ancestors, and in those is not the fact to be construed as a protective effort on the part of Nature, which bard and sage, inspired and profane writer are unanimous in saying tolerates no interference?

I appreciate the fact that some nervous diseases, perhaps many, are considered to be distinctly hereditary, but to me the claims put forward regarding many of them do not seem to be entirely legitimate. Oftentimes, when I read a pedigree of nervous diseases, I am in doubt whether they should be regarded as illustrations of heredity, pure and simple. Some of the diseases regarded as hereditary may, it seems to me, be due to the transmission of a disease germ through the reproductive cells, like

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pébrine of silkworms and like the inheritance of syphilis. There can be no doubt, it seems, that syphilis is hereditary. Therefore, the spirochætæ must be transmitted through the reproductive cells.

After a considerable number of years devoted to the practice of medicine, I have come to the conclusion that we attach too much importance to heredity. It may be that my observations, which have been made largely in family practice, are too few to entitle me to an opinion.

Is n't it true that we are more in the air, as it were, in the treatment of nervous diseases than we are in the treatment of any other class of diseases? When a patient comes to me to be treated for gout, or diabetes, or aortic incompetency, I give him advice, some instructions how to live, and a prescription, and I expect that he will improve or get well, but when a patient comes to me with epilepsy or disseminated sclerosis or tabes, and I treat him in the same way, I expect that he will get worse or never come back. In the latter respect I am rarely disappointed, I regret to say.

I did not intend to burden you with such a long letter, but I venture to hope that you will deem it worthy of an answer. Believe me,

Yours cordially,

———.

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NEW YORK, June 20, 1908.

MY DEAR DOCTOR:

I am glad to get your letter of the 18th inst., and to have the opportunity to reply to it.

I think I appreciate your motive in writing to me. Although it may seem at first sight that your remarks on neurologists are justified by facts, I hope to be able to explain them so that they cannot be construed as condemnatory.

The patient with locomotor ataxia, whose history you relate, may have been inadequately treated by the consultant to whom you sent him, but you must remember that we have only his uncorroborated testimony. What the doctor said to him may have been quite different from that which he related to you. It seems improbable that any one familiar with the history of tabes and the change that has taken place in its clinical course during the past twenty-five years should say unqualifiedly to a patient, or to any one else, that it is incurable. The truth of the matter is that at the end of another generation it is not improbable that tabes will be a curable disease, for there can be no doubt, I think, that at the present time its course is materially influenced by appropriate treatment. The consultant may have erred in not having outlined to him

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with much precision the course of treatment which he should pursue, the frequency with which he should report to his physician, and the varieties of therapeutic aid which he should endeavour to secure, such as massage, electricity, counterirritation, methodical, purposeful movements, appropriate dietary, proper apportionment of work and relaxation, and the various other adjuvants that have been found useful in the treatment of that disease. He may have thought that the patient's circumstances would not permit him to avail himself of these measures, or he may, unfortunately, be something of a therapeutic pessimist. Also, he may have thought that these adjuvants were not of sufficient service to make their serious employment justifiable. Of course, if he was of the latter type, I can say nothing in his defence, for the therapeutic nihilist has no justification for existence as a neurologist.

You say that all of your patients who have gone into the hands of quacks and clergymen have gone *via* neurologists. If you will absolve me from rudeness and assure me that your feelings will not be hurt by the expression of my honest conviction in this matter, I shall say to you that the real reason they find themselves in the hands of quacks at all is that the practitioner to whom the neurologist returns them after making a diagnosis and suggesting a plan of treatment is incapable,

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from lack of training and serious inclination, to carry out the plan of treatment that is outlined. So little value in the treatment of any disease does the administration of medicine have —save in a few diseases in which it is specific, such as quinine in malaria, mercury in syphilis, thyroid extract in myxœdema—and so deeply rooted is the belief that medicines are capable of coping successfully with disease, that it is difficult for the practitioner who has been trained largely in the treatment of self-limiting diseases to liberate himself from the tyrannical hold that drugs have upon him. When he comes to the treatment of diseases in which restitution of function is largely a matter of metabolism and the regaining of a normal mental state—in other words, to a class of diseases in which drugs play comparatively a small rôle, the practitioner does not know what to do. He can tell the patient to eat food that is nutritious and to avoid that which he has found from experience does not agree with him, to avoid fatigue and other debilitating encounter, to conform to the health maxims found in Poor Richard's Almanac; but as a rule he can't show some strong-limbed member of the family how to give appropriate massage, he can't put in simple, plain, explicit language the directions for taking tonic baths, he can't outline a course of rhythmic movements for the cure of some distressing tic or habit spasm, nor can he write a dietary and

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convince the patient of the necessity of complying with every detail of it with the same scrupulous care as he does when he is seeking to combat diabetes.

In other words, the general practitioner does not take the time and expend the energy to familiarise himself with the details of treatment which are essential in the treatment of nervous diseases. To what does the pediatrist of to-day owe his enviable position in the medical profession? To the fact that he has seen the necessity of mastering the details of infant feeding, and carrying them out with an exactness that rivals the martinet. The practitioner who competes with the pediatrist in the care of sick children presents a sorry spectacle if he is not familiar with the dietetic requirements of the infant at different months of its life, with the details of modified milk—in short, with the whole paraphernalia of the bringing up of infants in the modern way. He finds that it is to his material advantage to acquaint himself with such details. The art of the neurologist is based on a much more intricate and complex comprehension. Yet I must say that I see very little evidence of any desire on the part of the physician to perfect himself in this art. Nevertheless it has been my experience (which I state reluctantly and regretfully) that the practitioner who admits that he knows little or nothing about neurology displays a willingness

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to undertake the management of neurological cases. I need not say to you that the result of assuming such responsibility is not always successful. I am of the belief that the general practitioner should treat nervous cases, and I have frequently urged this both in my lectures and in public print, but I maintain that before he undertakes to do this he should give some evidence of his earnestness and good faith, and before we shall get that, I feel convinced that he must entirely change his attitude towards nervous diseases.

Let us go to the foundation of the matter. Are we not all familiar with the physician whose salutation in the presence of a patient suffering from disorder of the nervous system is, "You see I know nothing of nervous diseases"? A thoroughly trained physician is humiliated to confess that he does not recognise the ordinary diseases of the skin, or of the eye, or of the digestive tract, but the erudite and the mediocre seem to add a trifle to their stature by confessing that the field of nervous diseases is to them absolutely unknown territory. Moreover, it is a territory which apparently they have neither desire nor inclination to explore. In our great country with its hundreds of medical colleges there are very few professors of medicine who feel competent to participate in a discussion in the domain of even clinical neurology. There are comparatively few such

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incumbents willing to admit that they have sufficient training in neurology to make a diagnosis of any obscure nervous disease. These men imbue their students, perhaps not by word of mouth but by example, which is much more potent, with the idea that intimacy with nervous diseases is not of any great importance. The result is that the general practitioner has a feeling that it is not worth while.

The truth of the matter is that the practitioner of medicine who is best fitted to treat chronic diseases—it matters not what organ or system is diseased—is the neurologist, for he is a man who has had training to apprise him of the value of detail. He has had it impressed upon him that to treat any disease successfully, there must be constantly in the mind's eye of him who essays to do so not only a picture of the disease, but a picture of the process which he desires to initiate and carry through to a successful issue. The training that the neurologist has had in the laboratory and at the bedside, necessitating as it does protracted, repeated, and exhaustive examinations of the various constituents of the motor, sensory, secretory, and metabolic mechanisms of the body, not to mention the unparalleled opportunities that he has for forming an estimate of the effect which the mind has upon bodily states, fits him pre-eminently for the treatment of chronic diseases. He has to study with scrupulous care

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and attention the application of the many agencies that aid anabolism and provoke catabolism. In determining them he must search like an alchemist and deduce like a philosopher, for in reality these conditions are the basis of every chronic disease. He observes the immeasurable effect which the mind has upon the body, and he soon discovers for himself (even granted that he is deaf and insensible to what the past has to say to him upon this score) that hope and faith and confidence and other components of optimism are the most valorous soldiers in fighting disease.

He does not feel impelled to proclaim this knowledge from the housetops, nor to preach it from the pulpit, nor does he lend himself to cults, religious or otherwise, that trade upon the credulity of the feeble-minded or upon the aboulia of the obsessed. He utilises his knowledge for the welfare of the sick who entrust themselves to his care. He preaches the gospel of sane living and sound thinking. He believes these are even more important for the sick man than they are for the well man. When a leaking roof allows the water to percolate into the house and destroy plaster and paper and paint, the man who is asked to repair the house does not go there and pour in a stream of cement hoping it will fill up the crevices here, and block the opening there, and thus make the house fairly habitable. He makes a careful survey of

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the original lesion, he repairs it as thoroughly as he can in order that no more injury may come through it, and then he proceeds with lath and shingle and mortar, and every other artifice of his craft to repair the damage.

This is what the neurologist does when he undertakes to treat a case of nervous diseases. For example, the neurologist sees a case of acute paralysis of the legs in a child; he may be absolutely certain of the diagnosis, nevertheless he does a lumbar puncture, he has a complete chemical and microscopical examination made of the spinal fluid, of the blood, and so forth, and the treatment he gives is suggested in a measure by the information which he gets from such examinations. He then has a very definite idea of that which he wishes to accomplish, viz., to mitigate the intensity of the inflammatory process in the spinal cord, to maintain the nutrition of the muscles whose nerves are diseased at their origin, to prevent deformity. He utilises drugs which he knows have the effect of causing absorption of inflammatory products, he applies electricity and mild counterirritation to the spine, he massages gently the atrophying muscles, he injects strychnine into them, he wraps the limb in cotton-wool and keeps it warm in the physiological position; in other words, he assists the reparative processes of the body. He can't furnish new material as can the repairer of the house, but he can so order and arrange

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the reparative powers of the body that the work shall be well done.

That which he does in the treatment of diseases such as poliomyelitis is paralleled by his actions in the treatment of the majority of nervous diseases. There are some maladies which he knows are uninfluenced by treatment of any sort, such as amyotrophic lateral sclerosis, but when consulted in such cases he makes an effort to check their progress and he is constantly striving to discover some treatment that will influence their course. On the other hand, he deals with many diseases which experience has taught him are unamenable to treatment, such as the muscular dystrophies, general paresis, syringomyelia, but I should like to ask you, by way of answer to the latter part of your question, whether you ever encountered a neurologist who did not attempt to treat these diseases with as much precision and orderliness, and I may add with as much hope of success, as the internist treats aplastic anæmia, cirrhosis of the liver, or emphysema? I do not recall that any one claims that these latter diseases are susceptible of cure.

I think that you will find, if the matter is inquired into in good faith, that the neurologist is not the radiator of gloom that your letter would seem to imply. The reputation of the neurologist as a pessimist is like that of the stage Irishman, a figment of the imagination which custom has immortalised.

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In reply to the second interrogation, concerning the importance attributed to heredity in the causation of nervous diseases, I confess that a suspicion has been filtering through my mind for some time that possibly we are attaching a greater importance to it than it deserves. At least I agree with you so far as to say that the hereditary diseases, using the word in the sense of the naturalist, are few. Many individuals, however, get something from their heredity which facilitates the development of nervous and mental diseases. This cannot be denied.

One reason why heredity seems of such vast importance to me, and perhaps not to you, is that we may attach a different significance to the word. When I use the word heredity, I do not mean to imply that it is a force or a power making for continuity or for persistence of character, but the genetic relation between successive generations. All that the organism is, or has to start with, is its heritage. Its inborn potentialities it owes to its parents and ancestors. We physicians practically pay no heed whatsoever to this, in our interpretation and search for the cause of the disease, while on the other hand we devote the greatest attention to environment, which includes food, climate, housing, and scenery, and to function, which includes exercise, education, occupation, etc.—in other words, to influences that act upon an organisation whose fundamental nature is determined by

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its heredity. It is natural that we should give more attention to the latter than to the former because in so doing we witness the fruits of our labour. Breeders and cultivators, who have profited to an incalculable extent by discovering and applying the laws of inheritance, are able to point to results, but even though we were to be relatively in the same position as they are concerning these laws, we would be unable to apply them.

My own belief is that we are on the threshold of making most important discoveries in the field of heredity from the application, to the problems presented by disease, of the principles laid down half a century ago by Gregor Mendel. In another letter entitled "Choice of Profession," I discuss this subject in some detail, and I refer you to that if you would know my views on the matter. Certain it is that we were making little headway in the interpretation of nervous diseases on the hereditary basis laid down by Darwin, Wallace, or Weismann, but in the light of Mendelian heredity it is quite probable that many of them will yield the secret of their existence. Although consideration of the facts of heredity as they have been determined by experimentation upon the edible pea, and empirically by physicians in the study of disease and abnormality, does not tend to promote cheerfulness, neither does the fact of man, unless one is deeply imbued with the religious

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spirit. Hand in hand with the advance made by preventive medicine, which is now used synonymously with the prevention of microbic diseases, should go progress in the science of generative or procreative development. I realise fully that we are not sufficiently advanced in civilisation to enter fearlessly the domain of eugenics, but I believe that the day is not far distant when not only our profession will deal with it, but the State as well.

Yours very sincerely,

———.

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XVII

Dipsomania

The pitiful cry for help from the drunkard is one that cannot but touch the heart. Any one who has beheld the evil effects of alcohol in the large cities of this country and of Europe must lend to it, at least, a sympathetic ear. The wail under analysis here is uttered by a dipsomaniac, one of those unfortunate beings who, probably born with an unstable constitution (temperament), has by long-continued, though possibly intermittent, unrestrained indulgence in strong drink so weakened his will-power that he is condemned to drift like a derelict ship on an uncharted sea. There must be some means to assist these impotents who are so entirely unable to assist themselves. Fortunately public sentiment is being aroused, in their behalf to such an extent that we are about to attempt the care of them in some such way as we care for other incompetents.

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A Drunkard's Plight

Hartford, Conn.

My Dear Doctor:—I am seeking you as the highest court; I need your help and your sympathy. I am no craven, rather a blind bird battling for light. Forgive this outburst and I will be sane and state my case as I know it.

It is difficult to fix on the precise moment at which I awoke to a realisation of a taint, a hereditary predisposition, a preordained infirmity, with which I had to cope, in addition to the other adversities of life. I am humiliated that I have not fought a better fight, but I have not yet despaired. With your help I may win out.

In my school-days I had no craving for alcoholic stimulant; in fact, I was what is nowadays termed "a mollycoddle." At my university I travelled with a rapid crowd, which I perhaps outstripped, but the twelve years have dimmed the recollection of how firm a hold alcohol then had upon me. Drinking was always a lark in those days, not the means to an end, as it became later, nor the irresistible impulse it is now. After my graduation I spent two years in New York studying architecture. My experiences

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there confirmed me in my taste for alcohol, and six years abroad stamped deep in my constitution the craving for drink. It is only during the past four or five years, however, that it has absolutely enslaved me. In the beginning a small amount of alcohol would give me a brace —would wake my brain to greater effort, would broaden my field of vision—would almost dictate trains of thought; and so I used it, until one day I awoke to the fact that the dose had been increased enormously, that reaction followed stimulation almost immediately, and that instead of being an aid to me in my work it made me absolutely unable to finish anything. Now and then I still have ideas, definite conceptions, and think I will whip them into shape, but, alas, I don't succeed I am in such a condition that I could go to your office, deny my infirmity, and yet, if you chanced to leave the room, drink from a bottle of alcohol on the shelves of your dispensary.

I realise how necessary it is that I should abstain from alcohol, and countless times I have resolved to do so. I have fortified my resolution with prayer, by appeals to that Source from which we are promised that there shall be no denial if we go sincerely and humbly. How often have I read, "Whatsoever ye shall ask in prayer, believing, ye shall receive," and how bitterly disappointed I have been that my appeals are always unheeded! I have strengthened my

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will by pledges to one whom I hold in higher regard than any one in the world; by physical discipline, and by counsel from your profession. I have sought refuge in the country, remote from centres where drink was to be obtained. I have availed myself of the sanity, the loyalty, and the devotion of my wife by sharing with her my fears and my determination to make a daily, an hourly fight against temptation. I have even taken the Keeley cure! Yet all to no avail. The physician here says I am threatened with neuritis and acute Bright's disease, and tells me that I must stop alcohol. He neglects to tell me *how* I shall stop. I have no desire to disgrace my family or to fill with misery and incapacity the years that remain to me. I am a man of sentiment and of education, possessed of a sense of duty to my family and to the community in which I live—and, delivered from this demon, it is possible that I might be able to do something that would contribute to the joy of living for others. But unless I can get aid I am done for, and the sooner I experience translation the better for me and for all those whom my existence concerns.

It is not alone the fact that my capacity for work has gone, but I am enthralled, enslaved, emasculated by this monstrous hirudinean that has worked its way into my soul. This is the ignominy. There was a time when I awoke each morning with a joy of life, a desire to accom-

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plish, a capacity to do, a feeling of well being, which, now that they are only memories, are to me as the sight of green meadows, winding rivers, and cool forests to the traveller irretrievably lost in the desert. I can't conceive what sensations I was seeking which led me to change all that for the feelings of self-disgust, of physical discomfort, and moral turpitude which were soon the matinal sequence of my nocturnal imbibition. I recall that in those days, coupled with the regret for my action of the day before there was always the resolution that I would abstain for a long time. Occasionally I would be able to go two or three days without recourse to drink, and then, despite my strongest effort, I would blot out every mental and moral resemblance to my Maker. Gradually there fell from me, like rags from a beggar, the desire or the willingness to abstain at all, and in its place came my present incessant craving. I see the necessity for work. I see it lie before me in various stages of incompletion; I realise the weighty obligations that are imposed upon me by my children. I am deeply conscious of the finger of contempt pointed at me by my fellow-men; I have a sincere desire to live a life of usefulness and to accomplish something worth while. No one can realise more keenly than I do that I must deliver myself from this octopus which has fastened itself upon me, which has sapped my moral fibre and

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destroyed my will-power. It availeth nothing to tell me that I must stop; as well tell water not to run down hill or sap not to well upward in the tree. Nor are any of the devices or admonitions which have been suggested to me adequate to combat it.

These words are not the wail that indicates recovery from a debauch, nor are they the lucubrations of a brain befuddled with alcohol. I have recently recovered from what is thought to have been a serious illness following a convulsive seizure, which the doctor tells me was of uræmic origin, induced by drinking a bottle of vermouth—the only thing that I could lay my hands upon, and which I consumed practically in one sitting. I will do anything that you tell me to do, provided that you will give me serious and comprehensive attention.

It will not suffice to give me advice and a prescription. That has all been done before, and it has availed nothing. What I ask is a resuscitation from a state of death as real as that from which Lazarus rose. That required a miracle, and I am convinced that nothing less will suffice for me. I scarcely hope to be transported back to those days of my youth when a draught of water could slake the pleasant thirst of exercise, but I hope and pray that it may be vouchsafed me to enter once more with elation and exaltation into the pursuit of some self-selected task and the discharge of obvious duties;

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to have the capacity to think and to execute; to do something for others that would make the burden of their lives lighter and the cheer of their days deeper; to enter with alacrity and abandon into the pleasures of my children, and to be to my wife that which her fancy and belief pictured me twelve years ago.

As St. Monica, drawing near to her death, sent most pious thoughts as harbingers to heaven, and her soul saw a glimpse of happiness through the chinks of her sickness-broken body, I am sending this appeal to you to combine the offices of physician and friend and deliver me from an infirmity which makes life intolerable. It has reduced me to a state in which I can say, like the melancholy poet in the Northampton Asylum:

"Where there is neither sense of life, nor joys,
But the huge shipwreck of my own esteem
And all that 's dear."

Yours faithfully,

———.

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DEAR SIR:—I hope I shall be able to help you. Your appeal is one to which I am particularly sensitive, but the task you set me is an onerous one and experience has taught me its difficulties.

I need not tell you that inebriety, or habitual drunkenness, is a common disorder. The request to undertake the treatment of a case is no rare experience. The unusualness of the solicitation in this instance lies in the fact that it comes from the person who is concerned, not from the family, husband, parent, or wife. The afflicted person, as a rule, resents interference with what he calls his freedom, or the right to do as he pleases. This attitude often constitutes a barrier which must be broken down before anything can be accomplished. Fortunately, in your case you realise the necessity for extrication from the pit into which you have fallen, and you are willing to work with me. That will lighten the task somewhat and give greater promise of success.

The treatment of habitual drunkenness or inebriety is a concrete problem. There are no rules which, if followed in every instance, will result in success. In fact, you admit this in

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your letter when you say that a prescription and a regulation of your diet and exercise will not be adequate. The successful treatment in any given case demands study of the individual, of his antecedents, of his disposition, of his habits of thought, of his ways, of his environment, of his methods of dealing with the situations of life, of his pleasures, of his appeals, and of his self-reliance. His amenability to suggestion, his capacity for obedience, his willingness to undergo humiliating experiences and self-effacement—all these, and more, must be determined. An intimate knowledge of the way in which the drink habit has fastened itself upon the individual is likewise very important for the physician,—whether or not it has been the outcome of conviviality or the clamouring of a sensation for appeasement. If it is a habit merely, and not a constitutional reaction, there is a chance of overcoming it more readily.

It must be difficult for the reader of current literature to realise that inebriety is the menace to the health and happiness of so many people as we physicians know it to be. A recent article in the *Century Magazine* by one of the directors of an institution connected with the Emmanuel Church, in Boston, which they are pleased to call a clinic, reports that about eighty per cent. of the habitual drunkards upon which he has tried his 'prentice hand have been cured. In the August number of *McClure's Magazine* of

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this year, a professor of psychology of Harvard University says that it is his experience of the last few years, during which he has studied the effects of suggestion and hypnotism on habitual drunkards, that in most cases it is an easy matter to cure social drunkards of the larger cities. It seems incredible that there should be any real drunkards left when such wonder-workers are still at large, and when such master hands are still unshackled! Not being plain doctors of medicine, they do not feel obliged to give statistics in support of their statements, mere allegations sufficing. A physician who would report a cure of seventy-five per cent. of the cases of habitual drunkards treated, and give no statistics to support his claims, would find few readers and no believers. But let a man whose training has not been with such concrete matters as disease, one who deals largely in abstraction, make such statements, and they will be accepted by many who ought to know better.

Travellers who visit the island of Martinique marvel at the temerity of the inhabitants of St. Pierre, who take up their residence on the site of the city which was wiped out by the eruption of Mt. Pelée. They build their houses on the lava that covers the bodies of their children, their wives, and their parents. Every few years the Ohio River at certain places along its course overflows its banks and destroys property and human life. The inhabitants who escape build

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their dwellings again on the banks of the river after the stream has receded, and take up life anew, forgetting, or unheedful of, the potential danger. The attitude of the people of this country in reference to the cure of alcoholism is very much like the attitude of these seemingly hazardous people.

It is scarcely twenty years since the press of this country teemed with laudatory articles on a certain cure for alcoholism. Senators, divines, men eminent in law and in the councils of the State, vied with each other in setting forth, through the medium of our most dignified magazines, the marvellous cures which, to their personal knowledge, had been effected by this secret method of treatment. Institutions for carrying out the treatment sprang up throughout the entire country, and the number of cases treated successfully extended into the thousands and tens of thousands. Such appearance of verity did the cures have, and such justification for the existence of the method of treatment furnished by responsible and important persons, that it was considered almost questionable taste to deny the validity of the one or the efficacy of the other. Yet, who hears of this cure to-day? What has it accomplished? Is not habitual inebriety as great a stain on twentieth-century civilisation as it was a generation ago? Must we again offer the broad avenue of credulity on which irresponsible drivers of fads and fancies may prom-

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enade and display their wares, or shall we have the courage of our convictions and deny their assertions, scoff at their statements, and treat with indifference their excursions outside the field of their own profession?

It is unfortunate that each country or section of country is not in possession of an island which might be set apart for the reception of habitual drunkards, to which they could be sent by process of law for a number of months or years, depending upon the intensity of their affliction. A fertile soil would provide sustenance and a strict system of quarantine would keep out alcohol. If the place should get a vogue as a favourite resort of some of our "first" families, and this might be easily brought about, people would go to it not only willingly, but with alacrity. Victims of the drink habit are proverbially attractive persons, and a community of them would be almost irresistible. You may find the scheme too Utopian, or at least too far remote from realisation. Let me advise something more practical. My suggestion is that you commit yourself voluntarily to an institution where you can be deprived of your liberty for a year. If you are not willing to do this, go to a training school, such as ——, and stay there a few months, and at the end of that time engage a trainer to accompany you to your home, and empower him with authority to keep you from taking a drink. Do as I suggest about

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making voluntary commitment of your person, and at the end of a few months you will begin to get strong physically and well balanced mentally. Work will once more appeal to you, and the joy of creating will begin to dawn upon you again.

If you will not do this, then you might send for the elders of the town, who will say, "This, our son, is stubborn and rebellious; he will not obey; he is a glutton and a drunkard," and then ask them to stone you with stones until you are dead, as the stubborn son was treated by the people of Israel.

I am not saying very much to you about using your will-power. I appreciate that your will-power is pretty well lost. It will redevelop and establish itself in proportion as you refrain from alcohol. The time to talk to you about will-power is after you have abstained for a few months. You should then receive treatment by suggestion, and the person from whom it may come most appropriately—for he is with you all the time, and in a position of authority—is the trainer. You will note that I am using the word trainer to mean one whose duty is to develop you physically, mentally, and morally, and to superintend you. I wish to digress a moment at this point, to say that we are badly in need of a new profession, the training profession. We need trainers to develop children who suffer from mental retardation, to treat the

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victims of psychasthenia, to foster the waning intellectual powers of patients with dementia præcox, to curb the impulses of the obsessed, and to develop self-reliance in the alcoholic.

The profession of trainer is entirely distinct from that of the nurse or doctor, although occasionally a good trainer may be recruited from the ranks of either of these professions.

If you have what they call faith—that is, "assurance of things hoped for, a conviction of things not seen"—if you have within you an assurance that the desire for alcoholic stimulant will leave you, and a conviction that there is a Power looking after you who will keep it away if you will ask with sufficient humility, then you are already cured, and you are not called upon to go to Boston, the irradiating centre for all forms of supernaturalism, which will be a second reason for rejoicing. If you have the kind of faith which the Lord said the Apostles should have when they besought Him to increase their faith and He answered, "If ye had faith as a grain of mustard seed, ye might say unto this sycamine tree, Be thou plucked up by the root, and be thou planted in the sea; and it should obey you," you are ticketed—but if you have n't this variety there is n't much hope for you in that direction.

These Christian Scientists in Boston, who are masquerading under an assumed name, and who do not hesitate to call their Reverend Mother's

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religion a "despicable superstition," are animated primarily by desire to regenerate the Christian Church. They think their movement is an answer to the materialism of the age which threatens the Church with extinction. They believe that Christ's mission was that of a physician, a healer of the souls and bodies of men, and that they should take up the practice as a sort of limited liability company. They balk at organic diseases, the kind that Christ cured so readily. What they are pleased to call functional disease is the grist they grind.

And the answer they give to those who ask with all reverence why God should discriminate between functional and organic (a mere makeshift of ignorant, benighted man), is the same as that given by M. de Mongeron, the pious biographer of François de Pâris, a miracle worker of the sixteenth century, to the Bishop of Sens, who, on being shown a boy whose blindness had been miraculously cured in one eye, ventured to inquire why the Lord did n't cure them both— "We have n't the right to question the ways of the Lord."

Jesus is surely the best authority as to His mission. "The Spirit of the Lord is upon me, because He hath anointed me to preach the gospel to the poor; He hath sent me to heal the broken-hearted, to preach deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised, to preach the

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acceptable year of the Lord." I should point out to you that this is taken from that portion of the Holy Writ written by a physician, Luke.

If these divine healers do what some of them claim to do in the field of disease, and assume that it is done through their mediation of supernatural agencies, there is no reason why they should not bind and loosen upon earth as well. Their claims to do so would be no less arrogant than their therapeutic pretence.

I am not using this opportunity to scoff at a profession which is deserving of the glory and honour universally accorded it. I utilise this occasion to say that it is not frank, or honest, or honourable, to ascribe to supernatural agencies or to the intervention of God, the operation of psychological and physiological processes susceptible of scientific and empiric explanation. One may believe, if it comforts or promotes respect and reverence, that when leaves fall from a tree a supernatural force causes them to fall, but the wind that is blowing is nevertheless the logical and adequate cause.

There exists a vast mass of trustworthy material testifying to the reality of cures effected by other than physical means. No one denies it. These cures are susceptible to logical explanation. Does any one doubt the reality of the cures effected by the Perkins-Tractors, or the King's Touch, or the Berkeley Tar Water, or the hundred other agencies which have had great vogue

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in past times? Were they effected by God? The Emmanuel Church will have to quicken its pace to get as many real cures to its credit as Mr. Perkins had before he departed this vale of tears.

Unless the Emmanuelites believe that sickness is sin, they have n't a leg to stand upon. When Jesus was leaving Capernaum a man sick of the palsy, lying on a bed, was brought to Him as he entered the ship. He said to him: "Son, be of good cheer, thy sins be forgiven thee. Arise, take up thy bed and go into thine house." The real Christian Scientists are much more logical than those who ape their tactics so closely that it is difficult to distinguish them, but who are ashamed to fight under the flag.

If you are a philosopher, and believe that the way to rid yourself of an infirmity that is the legitimate sequence of a bad habit is to replace it by a good habit, and the way to overcome an impulse which is dependent upon enfeebled will-power is to develop will-power in some systematic way, as you would develop memory or muscle, then I advise you to pin your faith to the profession that practises the cure of disease legitimately.

In reality you cannot effect a cure by taking thought alone. Abstinence from alcohol will cure you. How are you going to bring it about? I 'll advise you. Get a strong, honest, self-reliant man, a woodsman who has no liking for alcohol (and I can give you the name and ad-

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dress of such an one) and make a three months' trip with him this summer to the Hudson Bay. Entrust him with a knowledge of your infirmity, give him authority in writing forcibly to restrain you, should you, in the presence of opportunity, be tempted to fall. Then plan to spend the autumn and winter trapping and hunting in the woods of Maine. There you will realise what Whitman meant when he wrote of the joy of that vast elemental sympathy which only the human soul is capable of generating and emitting in steady and limitless floods.

When you return in the spring it will be

"To walk with erect carriage, a step springy, and elastic,
To look with calm gaze or with a flashing eye,
To speak with a full sonorous voice out of a broad chest,
To confront with your personality all the other personalities of the earth."

Then you will see a sign post on the road to recovery. It will remain with you to follow it or go in another direction.

Yours sincerely,

———.

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XVIII

Concerning the Bedside Manner

The physician has been the butt of the humourist and satirist from time immemorial. Le Sage sketches with a master hand the physician of his age in Dr. Sangrado, whose sole remedies were bleeding and the ingestion of prodigious quantities of hot water. Rabelais, the greatest of all humourists, pokes fun at the doctors, and Molière, who appears to have had some special reason for disliking the medical profession, makes physicians, in most of his plays, the stalking-horses for the display of his satire.

Le Médecin Malgré Lui has a physician for its chief character, or rather for its buffoon. In the *Malade Imaginaire,* Molière gives an entertaining picture of the bedside or office manner of the physician of his day. The dialogue is between Doctor Diaforus and his son Thomas at the bedside of a patient.

"Now, Thomas, take the arm of the gentleman so that I may see whether you can form a right judgment of his pulse. Quid dicis?"

Thomas: "Dico, the pulse of the gentleman is the pulse of a man who is not well."

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DOCTOR D.: "Good."

THOMAS: "That it is duriusculus, not to say durus, irregular and a little capricious."

DOCTOR D.: "Bene, optime."

THOMAS: "Which speaks of an intemperance in the splenic parenchyma."

ARGAN (the patient): "It cannot be, for Mr. Purgon says it is my liver which is out of order."

DOCTOR D.: "Certainly, he who says parenchyma says both the one and the other because of the great sympathy which exists between them through the means of the bas breve of the pylorus and often of the meatus choledici. He no doubt orders you to eat plenty of roast meat."

ARGAN: "No, nothing but boiled meat."

DOCTOR D.: "Yes, yes, roast or boiled, it is all the same. He orders very wisely.

ARGAN: "Tell me, sir, how many grains of salt ought I to put to an egg."

DOCTOR D.: "Six, eight, ten, by even numbers; just as in medicine by odd numbers."

Both Dickens and Thackeray satirise the bedside manner of physicians in England of the mid-Victorian period. Dickens, in *Dombey and Son,* presents an amusing pen-picture of Dr. Parker Peps, court physician and a man of immense repute. In consultation with the family practitioner he tells Mr. Dombey that "There is a want of power in her Grace, the Duchess—I beg pardon, I confound names—in your amiable lady," and a little later in the interview he says, "Our friend the Countess of Dombey—I beg your pardon—Mrs. Dombey," etc.

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Thackeray well depicts the good-looking, pompous humbug, the West End physician and solemn-faced prig whose bedside manner renders him so great a favourite with the ladies.

Some physicians of the old régime, however, won fame by reason of, or in spite of, downright rudeness. Abernethy's brusqueness was notorious. He especially disliked loquacity in his patients, and those who were inclined to become garrulous he cut short with the greatest promptitude. A lady once came to his office to show him her hand, which was wounded. Abernethy looked at the injury and remarked, "Scratch," the lady replied, "Bite." Abernethy then said, "Cat," to which she answered, "Dog," and no other conversation took place. Abernethy in referring to the interview declared that she was the most sensible woman he had ever met.

Address and manner do not go so far nowadays. A cultured agreeable address is valuable with patients who have little the matter with them. The lady who writes of the doctors who have practised on her, is doubtless given to exaggeration, yet there is enough truth in her description of the various professional humbugs, faddists, and prigs, into whose hands she had the misfortune to fall, to show that although we live in times when charlatanism and empiricism do not flourish as in the days of Molière, they have not absolutely vanished from the medical profession of to-day.

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For a Man by Nothing is so well Bewrayed as by His Manners

My Dear Doctor:—I have been reading some of your "Letters." What strange experiences you must have had with patients. They are almost as strange as those I have had with physicians. When I write my memoirs I intend to devote nine chapters to what physicians have said to me. That part of the book I shall name, "The Bedside Manner, with a Few Side Remarks on the Office Manner as Well."

I am what may be called an expert patient. I am a neurotic of vast experience, and on the Resurrection Day it will be impossible for me to rise "altogether," so to speak, unless the final trump has power over laboratory bottles.

During a long and somewhat roving life, divers and sundry physicians of all schools and kindergartens have attended me. Experience teaches me that there are but two kinds of physicians: those who ought to have been something else; and those who ought to have been twins. Both kinds invariably wear beards. I have never understood why, unless it is taught in medical schools that drawing a beard through the hand is an impressive gesture, likely to con-

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vey to the patient that his case is under consideration by a mighty intellect. I have seen a physician come into a scarlet-fever ward clad in a long linen gown, his bald head protected by a linen cap, but with his beard flowing free! Perhaps germs respect beards. The general public certainly does.

The first bedside manner I recall belonged to a physician of the calomel and quinine school. He was a jocular person. He used to come in gaily, pinch my nose and ears—I think clinical thermometers had not been invented at that time—and say, "Tut! Tut! This won't do." It seemed quite useless to protest that I had n't been supposing it would do. He was not a person one could argue with. His next question, asked with an air of suspicion, was, "What have you been eating?" This always made me feel guilty, for I had no way of concealing from him that I had partaken of food. I will say for him, however, that he sometimes varied his "Tut! Tut!" by "Well, well, what have we here?" I used to think that by concentrating his mind on the matter he might find out that he had a patient there, but I never ventured to say so. He was the "family physician" of my native town, and since his death the place is noted for longevity and a low birth-rate. Nobody quite liked to take the responsibility of going out of the world or coming into it without Dr. B.'s permission. When last I saw him he told

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me, with the air of accusing me of arson, that I was nervous. Biliousness, it appeared, involved no moral turpitude, but if he called one "nervous" he would be adding presently the accusation of "hysterical," and being hysterical was a capital offence. His last treatment of me was for a violent attack of spasmodic asthma. I have never had a clear conscience since, for I knew he had discovered that I had been guilty of appearing at dinner in elbow sleeves.

There is, perhaps, no bedside manner that is quite suited to asthma unless it is accompanied by a dose of cyanide of potassium. I recall one young physician who, being sent for suddenly, insisted on fanning me. When one is getting almost no breath at all, a flutter of air will take away that little, and loose ends of hair fanned into one's mouth are not a pleasing substitute. The same young man inquired what treatment was usually given to me, and I was obliged to gasp out, "The usual treatment in such cases." This seemed to help him out tremendously, and he begged me not to be alarmed, since such attacks are never fatal. "Unpleasant," he said (as if I had n't already gathered as much), "but never fatal." One of the ought-to-have-been-born-twins physicians would have said, "Cheer up, you 'll be comfortably dead in a minute."

I must not neglect to mention a very important physician who always thought of his patients by number. When one entered his office for per-

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haps the twentieth time he would glance up from his desk and begin at once to look for one's record in a large book. Arriving at No. 5386, he would say, without looking up, "What is the trouble?" It may have been fifteen times that I patiently detailed my symptoms. Each time he wrote them down in his book, gave me a prescription, and, without further remark, rang for the next patient. There was always that in his manner which made me feel that by asking what my ailment was I would be committing a grave breach of etiquette. On perhaps the sixteenth visit, when he asked me, "What is the trouble?" I replied, "Paralysis of the tongue." This surprised him so much that he shut his book.

His bedside manner always made me choose to be ill in the largest room in the house. He always sat in the farthest chair and looked at me as if he hoped I'd disappear. I never knew him to seem human except once when he called to look after an abscess in my ear. He told me then that an abscess in the ear is the most acute agony one can endure. I found out afterward that he had had one himself.

No man who frowns and wears a silk hat should never be allowed to practise medicine. One such attended a child of mine in a severe case of measles. The frown so disturbed me that I asked him to bring a colleague in consultation. The colleague had red hair and as he sat, watching the child, he twirled a straw hat

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in his hands. This reassured me completely. Nobody would twirl a straw hat in the face of death.

No man who is short of breath should be a physician. Nothing is more exasperating than a series of gasps from a doctor. Any physician who crosses his legs and waves one toe up and down ought to be boiled in oil. Five minutes of watching that toe wave would induce nervous prostration in a Sandow.

Perhaps the most extreme form of bedside manner belonged to a physician I shall call Dr. X. His touch at the door bell was gravity itself. He stepped solemnly and safely to my room, but before he entered I heard him asking for water and a towel in a subdued voice. As he came in he glanced at the side of the bed, as if to assure me that so modern a man would never dream of such an enormity as seating himself there. He lifted a chair to the bedside. I could hear him thinking to himself, "I shall do nothing to irritate the nerves." He took my pulse and temperature with the manner of a clergyman administering baptism. I do not know what questions he asked, the only near-English one was whether I experienced discomfort in the gastric region. I felt abashed to think that I had been on the verge of saying "stomach." I recall, too, that he inquired whether I allowed myself much nitrogenous food. The rest of his questions I might have

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understood if I had had time to take a course in medical terminology, but at that time I was not at all sure whether "proteids" meant a disease or something to swallow. He was really a most thorough man. On rising in the morning I was to have six pitchers of ice-water and six pitchers of very hot water poured alternately down my spine. This was to shock something, possibly myself. Then I was to have what is called "gastric lavage" and take hydrochloric acid through a glass tube. In case these simple treatments should make my head ache I was to have bromide. I was to take "nourishment." I forget what it was, but experience has taught me that "nourishment" is never good to eat. The fainting attacks which invariably came on about the glass-tube time, he said, were doubtless hysterical, though they might be due to something more serious with a long name. I will say for his treatment that it was eminently successful as a flesh-reducer. He charged me above all not to let anything prey upon my mind, and to be cheerful.

This well-trained young man lived at some distance from my home. One morning, on fainting, I fell backward and nearly removed the metal handle of a bureau with the back of my head. A member of my family, after asking me how I came to fall, sent for the nearest doctor. He was a homœopath and several things beside, which I am too polite to call him. It was his

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habit, as it is the habit of another homœopath whom I have met, to do all his thinking aloud. He looked at the cut in my scalp and discussed with himself whether he had better shave the head and stitch the wound or merely paste it together. What worried him most seemed to be the fact that he could n't attack the cause. I listened to the discussion till I felt justified in rising to a question of privilege and mentioning one of the things he was. He remarked that I seemed excited, and made me a neat gauze turban, scented with iodoform. Iodoform does not seem to be homœopathic. Perhaps if it had been another time of the day he would have used something else. In homœopathy, when one coughs at ten o'clock at night, it is a fatal error to give the remedy which is indicated by a cough at four A. M. I asked for something to relieve the pain, and he inquired whether I did not consider it nobler to endure pain than to seek relief in opiates. He told me also that it was my duty to my family to recover my health, his idea being, apparently, that I was being ill out of self-indulgence.

The idea of bearing pain nobly is not, however, confined to homœopaths. To my mind, all a physician should expect of a patient is that he shall obey directions and hold still while things are being done to him. I conceive it to be the patient's right to howl as much as he pleases. One physician out of three says, " Now,

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be brave." Nothing is more odious, unless it be to have a physician say, "Why, I took a man's foot off yesterday and he did n't make as much fuss as you 're making over having this boil lanced." Without discussing the relative pain of amputation and opening a boil, it is never any comfort to hear how much worse things have happened to other people. The medical profession as a whole has still to learn this.

There is a very common bedside manner which is marked by extreme sympathy. It is usually accompanied by a pudgy hand; one pudgy hand holds the hand of the patient, and the other pudgy hand pats it soothingly, while the person to whom the manner belongs murmurs smilingly: "There, there, don't be alarmed; we 'll take care of you. You 're not going to suffer." I have frequently noticed this manner in etherisers. The same bedside manner belongs to the physician who won't tell you at what hour you 're to be operated upon, but, going outside the door, whispers to the nurse.

In regard to operating-room manners, I have been obliged to tell a surgeon or two that hearing is apparently the last sense to succumb. It is not pleasing to hear the etheriser say, "She 's going off very fast." "She 's almost under." "You may as well get ready, doctor." Neither is it helpful when in extreme pain one expresses a wish to die, to be told, "Oh, you must n't talk that way. You don't want to die."

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Nobody in pain wants sympathy. He can give himself all he needs. He merely wants the physician to do something for him and to do it quickly.

I should like to record the most delightful compliment I ever received. A surgeon called in a second surgeon before removing some of my works. They had what is called a consultation over me. This consists in the first surgeon saying what the trouble is, and the second surgeon agreeing with him. (It 's a little different when three medical men are present. In that case they argue a little, but after they 've whispered in the hall awhile, two of them always come back and tell you that the first was right.) This second surgeon I am speaking of stood up and beamed down on me approvingly; "I like your looks ever so much," he said. It was a delightful moment, considering my age, my illness, and the way my hair was done. I was cheered at the thought of dying, believing that some one liked my looks. "For our purposes," he added, "you 'll make a splendid subject."

A very uncommon bedside manner is one which apparently sits best on those who specialise in stomach troubles. This is what I may, for brevity's sake, call the "nearly-bored-to-death manner." I shall never forget the day I first experienced it. "What is your name, madam?" with a falling inflection at the end of the sentence, as if about to extinguish the flame that

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was flickering within him, although my card was lying on the table. Whenever I volunteered any information, or attempted to tell him of the illness that forced me to come to him, he would say, with a weariness of tone and a blandness of expression combined with an air of resignation to the inevitable, "Madam, if you will kindly answer my questions, that will suffice for the information that I seek." If he betrayed any interest in me or my disorder, it was as an object to which he could apply rules, already drafted and printed, so that his mind might not be burdened with retaining them.

I have had experience with many others. The doctor who used to frighten me most was one whose patients were always "threatened" with pneumonia, or with typhoid fever, or with meningitis. He never spoke of his skill in relation to the escape of the patient from these threatenings, but his assiduity stood in direct relationship to the escape. I always supposed that when certain germs entered your system and developed there, you developed that particular disease. I have learned otherwise.

There is n't anything particular for you to reply to in this letter. I thought you 'd like to hear some of my impressions about physicians. I trust you will enjoy them as much as I have your impressions of patients.

Yours very sincerely,

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DEAR MADAM:—I venture to say that although I have derived much pleasure from reading your letter, it is small in comparison with the entertainment your experiences have afforded you. A sense of humour is a desirable asset at all times, never more so than in cases of chronic illness.

In very ancient times those who were ambitious to become members of the medical fraternity were instructed in both appearance and conduct. When Bharadyaga, the prophet, went to Thousand-Eyed Indra, in heaven, to acquire knowledge in medicine, it is said that this deity told him not only how to play the part, but how to dress it as well. Fifteen hundred years before Christ the novice in the science of medicine was told that he should be inquisitive and observant, not covetous, zealous, or lazy. He should be a philanthropist, possess a generous heart, and an amiable and happy disposition. He was apprised that the indications of such qualifications are an agreeable voice, a small tongue, eyes and nose straight, thin lips, short teeth which do not expose the gums, and thick hair which retains its vigour. He was adjured to possess a healthy body, to keep his nails and

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beard short, his clothes clean, and to wear shoes and a small turban. He should carry an umbrella and a stick in his hand.

Do you think his bedside manner would be suited to asthma, or more adapted to hysteria? As a matter of fact, in this country at least, we are evoluting out of the bedside manner. It is entirely a volitional appanage, often a natural, but by no means a necessary accomplishment. In England, for instance, the country in which the bedside manner has attained its finest development, convention prescribes the top-hat and frock-coat. A physician would as soon venture to call upon his patient without these appurtenances as without his collar. This is in marked contrast to our own custom, which is to go clad in automobile costume, riding-boots, and bicycling attire.

I am inclined to think that the conventional doctor does not particularly appeal to you; otherwise, the man who twirled his straw hat would not have made so favourable an impression. We ought to be glad that we are not shackled with purposeless conventions, and that the restoration of health does not depend on a return to the use of the full-bottomed wig, the robe, and the cane which were necessary in the time of Radcliffe and Sydenham.

I wish you had offered some suggestions as to what you consider is a desirable bedside manner. I should like to speak of it to my young

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physicians in the hospital. They go out into the world without any hints regarding this important matter. Unlike the profession with which we are supposed to do some team-work, there are no regular gestures, intonations, or *coups d' œil* which can be used in the beginning and then improved upon as opportunity offers or experience teaches. I sincerely hope that many physicians, however, are like the immortal William Maclure, the sight of whom put courage into sinking hearts, but this was not by the grace of his appearance, nor the advantage of a good bedside manner. "A tall, gaunt, loosely-made man, his face burnt a dark-brick colour by constant exposure to the weather, red hair and beard turning gray, honest blue eyes that look you ever in the face, huge hands with wrist-bones like the shank of a ham, and a voice that hurled his salutation across two fields." His raiment, unlike that of the fourteenth-century practitioner, as described in the "Doctour of Physick" in the *Canterbury Tales:*

> "In sanguin and in perse he clad was al,
> Lined with taffeta and with sendal,"

was even less suggestive of the bedside manner than his appearance. "His jacket and waistcoat were rough homespun of Glenurtach wool. His shirt was grey flannel and he was rather vague as to a collar, but certain as to a tie,

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which he never had, his beard doing duty instead, and his hat was soft felt of four colours and seven different shapes." His point of distinction in dress was the trousers. "Some threep that he 's worn thee eedentical pair the last twenty year an' a' mind masel him gettin' a tare a' hind when he was crossin' oor palin' and the mend 's still veesible."

I am interested to hear what physicians have said to you. I should like to be able to recount to you some of the things that physicians have wanted to say, but did n't. I recall a passage from a little book, called the *Gold-Headed Cane*, which is a brief biography of five physicians of the seventeenth century in England. It is said that Baillie, one of the five, sometimes betrayed a want of temper in hearing the tiresome details of an unimportant story. After listening in torture to a prosy account from a lady who ailed so little that she was going to the opera that evening, he had scarcely escaped from the room, when he was urgently requested to step upstairs again. It was to ask him whether, on her return from the opera, she might eat some oysters: "Yes, ma'am," said Baillie, "shells and all."

You say you are an experienced patient, but I imagine that there are some experiences with the bedside manner that would be entirely new to you. Those that you have described are, I think, what might be called rather commonplace.

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Do you suppose in the chapter of your autobiography on the office manner you will be able to give such an amusingly realistic sketch as this portrait of Radcliffe, with whose name so many institutions at Oxford are now associated? He was King William's physician and a great swell. This is a description of him in his sixtieth year: "His full-bottomed wig was dressed with peculiar care; when he wore his best suit of lilac-coloured velvet with yellow basket buttons, his air on the whole was very commanding. He had an elevated forehead, hazel eyes, cheeks telling of the good cheer of former days, if anything a little too ruddy; a double chin, a well-formed nose and a mouth, round which generally played an agreeable smile. When he sat in his easy-chair, with his right hand expanded and placed upon his breast, as if meditating a speech, and clearing his voice for the purpose of giving it utterance, his left wearing his glove, and resting on his side immediately above the hilt of his sword, which was a very usual attitude with him, he certainly had a most comely and well-favoured appearance." Do you think that you would have had a pleasanter interview with him than with the physician who referred to you by number?

Although you are evidently an invalid of experience, I have a shrewd suspicion that you have never been very ill. If you have been, you show very little trace of it in your letter. It

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has been my experience that it is only what I shall call dilettante invalids who pay much attention to the "bedside manner."

What you have probably been on the lookout for has been a doctor who could amuse you while curing you,—some one who would discuss with you the symbolism of Strauss's and Wilde's "Salome"; the decadence of modern German art; the value of pragmatism in bringing metaphysical speculation to the test of scientific exactness and in testing theories by practise. It is apparently considered a patency of good form to talk "psychology" nowadays, and a certain amount of skill on the part of the practitioner to guide the conversation at the bedside of the dilettante invalid into this channel, might be received as evidence of great preciosity.

Genuinely ill patients do not care whether the doctor has culture or not; what they want him to have is experience, knowledge, and skill, and the more "businesslike" he is in the display of them, the better they like him and the deeper he impresses them. "Have you ever had a case like mine before, and have you cured him?" is the vital question to them. It does not interest them to know what the doctor's views on materialism or modernism are; whether he thinks Maeterlinck is a genius with the voice of a prophet and the divination of a seer, or a belated mystic with an inclination for the primitive and a capacity for the symbolic; or whether he has views

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on the meaning of Good at variance with those generally held. In fact, if it comes to their ears that the doctor devotes much time to these or to a propaganda of them, or to anything else called culture, a suspicion gets into the patient's mind that that doctor is too versatile to give to his profession and to his patient the time, brains, and industry required.

I am not belittling culture, I am depreciating it as an aid to the practice of medicine. When we discuss the things that make life worth living, it may astonish you to hear the value I give it.

Your story about the doctor who told you that the pain of abscess in the ear is the most acute that one can endure, proves to me that he was very human, despite the fact that he referred to you by number and always forgot what you had previously consulted him for. It also leads me to the reflection that the best training a doctor can have is to experience a serious illness, and for a surgeon to have a capital operation. Either one will give him, as nothing else can possibly do, inside information concerning the problem with which he is dealing. It will humanise him to a degree that no amount of second-hand experience can approximate, and it will provide him with a point of view, that no other kind of experience can furnish.

The implication in your letter that the physician makes an impression upon his patient by his manner as well as by his matter, is very

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true. Indeed, in some instances the patient needs more skilful handling than the disease, and frequently the latter cannot be successfully combated until the former is won over. In a large measure, this constitutes what is called inspiring and gaining confidence. I have heard that the bedside manner has very little to do with this.

As physicians we are constantly made aware of the fact that we are serving two masters—our profession and our patient. Both are exacting. The former demands a conformity to ethical principles, some of them ideal; the latter, infallibility and the capacity to give, and to give generously, on every demand. That many of us fail in both does not at all mean that many do not succeed in both. I believe that those who succeed do so by simplicity of purpose and sincerity of manner.

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By

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Assistant Neurologist, Columbia University, formerly Director of the Psychological Laboratory at Yale University

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